

**EFFECTIVENESS OF INFORMATION, EDUCATION AND
COMMUNICATION PACKAGE ON KNOWLEDGE REGARDING
REPRODUCTIVE AND SEXUAL HEALTH AMONG ADOLESCENT
GIRLS IN SELECTED SCHOOLS AT TRICHY AND KARUR
DISTRICT.**

By

DHIVYA.M



**DISSERTATION SUBMITTED TO THE TAMILNADU
Dr. M.G.R. MEDICAL UNIVERSITY, CHENNAI
IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE
DEGREE OF MASTER OF SCIENCE IN NURSING**

OCTOBER 2018

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DISTRICT.**

CERTIFICATE

Certified that this is the bonafide work of **Mrs. DHIVYA.M**, Dr.G. Sakunthala College of Nursing, Trichy, submitted in partial fulfilment of the requirement for the degree of Master of Science in Nursing from the Tamilnadu Dr.M.G.R. Medical University, Chennai.

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Date

CERTIFICATE

This is to certify that the dissertation entitled “A quasi experimental study to assess the Effectiveness of Information, Education and Communication package on knowledge regarding reproductive and sexual health among adolescent girls in selected schools at Trichy and Karur District” is a bonafide work done by **Mrs.DHIVYA.M**, Dr.G.Sakunthala College of Nursing in partial fulfilment of the university rules and regulations for the award of Degree of Master of Science in Nursing under my guidance and supervision during the academic year 2017-2018.

NAME AND SIGNATURE OF THE GUIDE : _____

NAME AND SIGNATURE OF THE HEAD

OF THE DEPARTMENT : _____

NAME AND SIGNATURE OF THE

PRINCIPAL : _____

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TO WHOMSOEVER IT MAY CONCERN

This is to certify that the Ethical committee of Dr.G.Sakunthala College of nursing has discussed with its members about the topic “A quasi experimental study to assess the effectiveness of information, education and communication package on knowledge regarding reproductive and sexual health among adolescent girls in selected schools at Trichy and Karur District” during the year 2017 – 2018 opted by **Mrs.DHIVYA.M**, and its implication on study subjects for her thesis for M.Sc Nursing programme and the committee passed clearance for the same topic for her to pursue.

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ABSTRACT

STATEMENT OF THE PROBLEM

A quasi experimental study to assess the effectiveness of information, education and communication package on knowledge regarding reproductive and sexual health among adolescent girls in selected schools at Trichy and karur district,2017-2018.

OBJECTIVES

1. To assess the existing level of knowledge regarding reproductive and sexual health among adolescent girls in control group and experimental group.
2. To evaluate the effectiveness of information, education and communication package on knowledge regarding reproductive and sexual health among adolescent girls in experimental group.
3. To compare the mean post level of knowledge of regarding reproductive and sexual health among adolescent girls in control group and experimental group.
4. To determine the association between selected demographic variables with pre test level of knowledge regarding reproductive and sexual health among adolescent girls in control group.
5. To determine the association between selected demographic variables with pre test level of knowledge regarding reproductive and sexual health among adolescent girls in experimental group.

HYPOTHESIS

At $p < 0.05$ level of significance

H1- There would be a significant difference in level of knowledge regarding reproductive and sexual health among adolescent girls in experimental group.

H2- There would be a significant difference in post test level of knowledge regarding reproductive and sexual health among adolescent girls in control and experimental group.

H3- There would be a significant association between selected demographic variables with pre test level of knowledge regarding reproductive and sexual health among adolescent girls in control group.

H4- There would be a significant association between selected demographic variables pre test level of knowledge regarding reproductive and sexual health among adolescent girls in experimental group.

Conceptual frame work : Rosenstocks and Becker's health belief model
(1974).

Research design : Quasi experimental design

E O1 X O2

C O3 O4

Population : The study population consisted of adolescent girls who were studying 9th standard.

Sampling technique : Non probability convenience sampling

technique was used.

- Samples : Adolescent girls who were studying in 9th standard at government girls higher secondary schools at karur and Trichy distirct.
- Sample Size : 60 samples
- Setting : Government girls higher secondary school at Karur and Musiri.
- Tool : Self-administered knowledge questionnaire.
- Data collection : The data collection was held from 01-03-2018 to 10-04-2018. Before starting the study the researcher was obtained a formal permission from the principal, head of department pediatrics and research committee members of Dr.G.Sakunthala College of Nursing. Prior to data collection the investigator obtained formal permission from the headmistress & class teacher of the respective schools to conduct the study. The nature and purpose of the study was explained to the students. Samples were selected by non-probability convenience sampling technique and quasi experimental design was used. The researcher was initially obtained oral consent from each student and the knowledge questionnaires were administered to each sample including demographic data. During the first day pre assessment about the knowledge on reproductive and sexual health for experimental group

of students were given using structured self-administered knowledge questionnaire. On first day itself health education on reproductive and sexual health related information was given to experimental group of students through the information education and communication package on 02.03.2018. On fifteenth day post test was given for experimental group of students. During the first day pre assessment about the knowledge on reproductive and sexual health for control group of students were given using structured self-administered knowledge questionnaire. On fifteenth day post test was given for control group of students. After post test the researcher was given health education through the information education and communication package on 19.03.2018 for control group.

Data analysis : The data was analysed and interpreted in terms of objectives and research hypothesis. Descriptive statistics (frequency, percentage, mean and standard deviation) inferential statistics (paired t-test, independent t-test and chi-square) were used to test the hypothesis.

MAJOR FINDINGS OF THE STUDY

1. The result of the study showed that the pre test level of knowledge was moderate and inadequate in both control group and experimental group.
2. The findings showed that the mean post test level of knowledge was significantly higher than the mean pre test level of knowledge among adolescent girls in control and experimental group.

3. There was a highly significant on mean post test level of knowledge among adolescent girls in experimental group as compared to control group.
4. There was no significant association between selected demographic variables with level of knowledge in control group.
5. There was no significant association between selected demographic variables with level of knowledge in experimental group.

CONCLUSION

The study brought out the following conclusion that education to the adolescent girls is very important regarding reproductive and sexual health. Adolescent girls knowledge improved after the administration of information, education and communication package. Therefore, awareness regarding the female reproductive system and its functions, proper menstrual hygienic practices, psychological changes during puberty, good touch and bad touch, prevention of STD and HIV/AIDS and promotion of physical, mental and social wellbeing through health education can be promoted for the forthcoming generation.

CHAPTER -I

INTRODUCTION

BACKGROUND OF THE STUDY

Adolescence is a period of transition between childhood and adulthood, a time of rapid physical, cognitive, social and emotional maturity as the boy prepares for manhood and the girl prepares for womanhood. The precise boundaries of adolescence are difficult to define, but this period is customarily viewed as beginning with the gradual appearance of secondary sex characteristics at about 11 or 12 years of age and ending with cessation of body growth at 18 to 20 years.

World Health Organization (2017) stated that adolescence is the period of human growth and development that occurs after childhood and before adulthood, from 10 to 19 years of age. This period of adolescence is further categorized into three stages, namely early adolescence (10 to 13 years), mid-adolescence (14 to 15 years), and late adolescence (14 to 15 years). The period of adolescence for a girl is a period of physical and psychological preparation for safe motherhood.

World Health Organization (2017) stated that Reproductive health is a state of complete physical, mental and social well-being, and not just the absence of disease or infirmity, in all circumstance relating to the reproductive system and its functions and processes.

Dutta, A.K.. (2017) stated that In Indian society, adolescence places an additional burden on females with biological development. They are often pressurized towards social role conformity and require major changes in the psychological sphere. The young lady is often confronted with difficulties and problems related to family, society, their own physical aspects and emotional needs.

Marilyn, H.J., (2016) Stated that sexual abuse or violence against adolescent is defined as a situation in which children or adolescents are used for the sexual pleasure of an adult or older adolescent which ranges from petting, fondling of genitalia, breast or anus, sexual exploitation, voyeurism, pornography, exhibitionism, pressuring a child to engage in sexual activities, indecent exposure of the genitals, nipples with an intent to gratify their own sexual desires. Sexual abuse is an especially complicated form of abuse because of its layers of guilt and shame.

Anusha,L., Radhika,M., (2015) stated that the journey from childhood to adolescence is very challenging. Between the ages of 10 and 17 years, there are major changes in physical, cognitive, social and moral development. Pre-adolescence is the period of human development just proceeding adolescence, specifically the period between the approximate ages of 9 and 12 years. Girls begin their pre-adolescent growth spurt at about 10 years of age and boys at about 12 years. Most of the problems derive from the widespread ignorance of the body changes and natural process, which occur during puberty.

Indira.s., (2015) stated that the word ‘Puberty’ is derived from the Latin word “Puberty as”, which means ‘age of manhood’. It refers to the physical rather than behavioural changes which occur when the individual becomes sexually mature and is capable of producing off springs. Puberty is that time when the child turns sexual and the mind struggles to catch up. Until they are sexually mature children are known as pubescent or pubescent children.

Kumar.A., (2014) stated that the Acquired Immune Deficiency Syndrome (AIDS) caused by Human Immuno-deficiency Virus (HIV) remains the most serious of infectious disease challenges to public health. HIV has become a serious problem in India with one of the highest rates of spread in the world. The epidemic of HIV/AIDS is now progressing at a rapid pace among young people.

Priya.M., (2014) explained that sex education helps to reduce the risks of potential negative outcomes from sexual behavior like unwanted pregnancy and infections with sexually transmitted diseases and to enhance the quality of relationships. It is also about developing young people’s ability to make decisions over this entire lifetime.

Marlow,D.R., (2013) stated that pubescent and adolescents have a great need for education about sexuality. The time and the way in which such education is given is both vitally important.

Health action, (2009) stated that good menstrual hygiene is crucial for the health, education, and dignity of girls and women as it is an important risk factor for RTI.

NEED FOR THE STUDY

“The best preparation for tomorrow is doing your best today”
-H. Jacksonbrow

Adolescence is a transition period from childhood to adulthood and characterized by a spurt in physical, emotional and mental growth with a change from complete dependence to relative independence. The period of adolescence for girls is a period of physical and psychological preparation for safe motherhood.

Mary.G., (2016) stated that India has the largest population of adolescents in the world, being 243 million individual aged 10-19 years and the country's adolescents constituted 20% of the world's 1.2 billion adolescent girls.

The world adolescent population is rising faster than that of their age groups. Between 1960 and 1980, while the world population increased by 46% the population of adolescents increased by 66%. Today, 84% of the world's adolescents live in the developing world, in our country, there is an estimation of 200 million adolescents, comprising one-fifth of the total population.

Menarche is the time of change for every adolescent girls due to lack of knowledge regarding menarche. In Indian society most of the girls do not get adequate knowledge about their own body's physiological changes and about menstruation. Providing accurate knowledge to the pre adolescent girls will be helpful for them at time of menarche.

Health action (2009) stated that many girls become pregnant before they reach physical maturity which has adverse health consequences both for young women and their children. It is well periods of intense psychological growth and development and often involve many crisis, much instability, inner turbulence and behavioural deviances.

Youngsters today are exposed to a good deal of information on sex and sexuality from media or from friends but the truth is that there are many techniques who don't know or understand significant facts about human sexuality who are not been given opportunity to link how sex will part their lives who's informant in incorrect because it comes from unrealizable source who are unhappy , confused , guilty and anxiety about their sexual behaviour and worried about own life to lead a healthy and normal life.

Menstrual hygiene is another important issues that every girl and woman has to deal with their life. There is lack of information on the process of menstruation, the physical and psychological changes associated with puberty and proper requirements for managing menstruation. The taboos surrounding this issue in the society prevents girls and women from articulating their needs and the problems of poor menstrual hygiene have been ignored or misunderstood.

Kumar.A., (2016) reported that a survey revealed that more than 45,000 children in the 12- 18 age group, across 26 states in the country, revealed that one in every two children is a victim of child sexual abuse. The survey also revealed that one in every five does not feel safe because of the fear of being sexually abused. It is also found that one in four families do not come forward to report child abuse.

Melannie,R .T. (2013) stated that the national society of children 1 in 20 children have been sexually abused. In England, 18,915 sexual crimes against children less than 16 years were recorded during 2012-2013, more than 1 in 3 children (34%) experienced sexual abuse by an adult and 4 in 5 children (82.7%) experienced sexual abuse from peer.

NACO (2016) reported that in 6, 10,000 young people between the ages of 15 to 24 were newly infected with HIV, of whom 260,000 were adolescents between the ages of 15 and 19. To compound this, most recent data indicate that only 15 per cent of adolescent girls and 10 percent of adolescent girls aged 15-19 in sub-Saharan Africa – the region most affected by HIV – have been tested for HIV in the past 12 months and received the result of the last test.

Family planning association of India (2012) conducted survey among teenagers showed that about one-fourth of the respondents expressed that about acceptance of premarital sexual contact, which in base for many sexually transmitted infection and more over 9 million teens acquires sexually transmitted infection each year, near 82% and 21% of population is having knowledge regarding STDs.

UNICEF, WHO (2011) stated that there are 243 million adolescent girls comprising 20% of the total population of India. Nearly 35% of HIV infections occur among the young people in the age group of 15-34 years. Majority of adolescents still do not have access to information and education on sexuality, reproduction, and sexual and reproductive health and rights, do not have access to preventive and curative service.

During the community health nursing posting the investigator found that majority of the adolescent girls were not aware about anatomy of female reproductive organs and its functions, menstrual hygiene, sexually transmitted diseases. The numbers of adolescent girls in government high schools are higher than the number of adolescent girls in community area. Therefore, I have chosen 9th standard girls who were studying in government schools for this study. The purpose of the study was to assess the effectiveness of information, education and communication package on knowledge regarding reproductive and sexual health among adolescent girls.

STATEMENT OF THE PROBLEM

A quasi experimental study to assess the effectiveness of information, education and communication package on knowledge regarding reproductive and sexual health among adolescent girls in selected schools at Trichy and Karur district, 2017-2018.

OBJECTIVES OF THE STUDY

1. To assess the existing level of knowledge regarding reproductive and sexual health among adolescent girls in control group and experimental group
2. To assess the effectiveness of information, education and communication package on knowledge regarding reproductive and sexual health among adolescent girls in experimental group
3. To compare the mean post level of knowledge of regarding reproductive and sexual health among adolescent girls in control group and experimental group.

4. To determine the association between selected demographic variables with pretest level of knowledge regarding reproductive and sexual health among adolescent girls in control group.
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HYPOTHESIS

At $p < 0.05$ level of significance

- H1 : There will be a significant difference in level of knowledge regarding reproductive and sexual health among adolescent girls in experimental group.
- H2 : There will be a significant difference in post test level of knowledge regarding reproductive and sexual health among adolescent girls in control and experimental group.
- H3 : There will be a significant association between selected demographic variables with pre test level of knowledge regarding reproductive and sexual health among adolescent girls in control group.
- H4 : There will be a significant association between selected demographic variables with pre test level of knowledge regarding reproductive and sexual health among adolescent girls in experimental group.

OPERATIONAL DEFINITION

EFFECTIVENESS

It is defined as a result produced by an agent, action or force.

In this study, it refers to producing the desired result of information, education, and communication package on reproductive and sexual health as measured by the knowledge questionnaire.

INFORMATION, EDUCATION AND COMMUNICATION PACKAGE

Information, education and communication package is defined as a powerful and effective means of translating messages of social interaction to the target groups.

Information is defined as knowledge communicated (or) concerning a particular fact. In this study, information refers to the way of providing facts regarding good touch and bad touch and psychological changes during puberty by giving pamphlets.

Education is defined as the process of receiving (or) giving systematic instruction. In this study, education involves teaching the students regarding female reproductive system by power point presentation.

Communication is defined as an exchanging of information by speaking, writing (or) using some other medium. In this study, communication is the system and process that is used to communicate with the students regarding STD and HIV/AIDS by Using Flash cards.

KNOWLEDGE

It is defined as information acquired through experience or education.

In this study it refers to the study participants response and understanding regarding reproductive and sexual health as measured by a knowledge questionnaire.

REPRODUCTIVE AND SEXUAL HEALTH

It is defined as the state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health, or sexual health/hygiene, addresses the reproductive processes, functions and system at all stages of life.

In this study it refers to the understanding of the adolescents about reproductive and sexual health includes

Female reproductive system

Psychological Changes during puberty

Good touch and bad touch

STD and HIV/AIDS

ADOLESCENT

Adolescence is a transition between childhood and adulthood a time of rapid physical, cognitive, social, and emotional maturation as the boy prepares manhood and the girls prepare womanhood between the age group of 13-18 years.

In this study, it refers to the girl students studying in 9th standard in government school.

ASSUMPTION

Information, education and communication package is the effective method to increase awareness about reproductive and sexual health.

Increasing knowledge related to promotion of reproductive and sexual health helps in preventing the sexually transmitted disease and HIV/AIDS and promotion of sexual health.

DELIMITATION

The study was delimited to

1. 6 weeks only
2. 60 samples only
3. Adolescent girls who are studying 9th standard in government girls schools only.

CHAPTER –II

REVIEW OF LITERATURE

INTRODUCTION

Review of literature is an important step in the development of the research project and in broadening the understanding and developing an insight into the problem area .It further helps in development of the broad conceptual context in which the methodology , construction of tools and development of instructional module and analysis of data are presented .

The aim of this systematic review is to summarize the best available information regarding reproductive and sexual health. The current information helps in providing adequate knowledge to promote the reproductive and sexual health.

THE REVIEW OF LITERATURE IS ORGANISED UNDER THE FOLLOWING HEADINGS

A) Literature related to reproductive and sexual health

B) Literature related to information, education and communication package on reproductive and sexual health.

A. LITERATURE RELATED TO REPRODUCTIVE AND SEXUAL HEALTH

Jaspreet,s,. (2017) conducted a descriptive Study to Assess Perceived Psychosocial Stress among Adolescent Girls Regarding Pubertal Changes in Selected Schools of Doraha, Punjab. The study was conducted on 60 adolescent girls, in selected schools. Systematic sampling technique was used to select the

study sample. Data were collected by using socio demographic profile sheet and Rating scale. The study revealed that out of 60 adolescent girls, majority (51.6%) of students had moderate level of psychosocial stress, (33.3%) students had mild level of psychosocial stress and (15%) of students had high level of psychosocial stress. It was concluded that all adolescent girls were having some level of psychosocial stress among which maximum were having moderate level of stress.

Priya,H.S., (2017) conducted a descriptive cross sectional study to assess the menstrual hygiene practices among adolescent girls in rural puducherry. Girls with the age group of 10-19 years with total of 502 adolescent girls by using universal sampling method. In this study majority (89.2%) of the adolescent girls was using sanitary pads, fresh and reusable cloths were used by 6.6% and 4.2%. 65.3% girls changed their soaked absorbent 2-5 times in a day. Majority (60.8%) of the girls disposed their used absorbent by burning. 67.9% girls were washing genitalia during menstruation. 54.4% used soap and water for hand cleaning purpose and 1.4% used ash & mud.

Sasirekha,B., Kandasamy,M., Thangamani,M. (2016) conducted a Pre-experimental research design to evaluate the effectiveness of video Assisted Teaching programme on knowledge about sexual exploitation among adolescent girls. 50 girls were selected through convenience sampling technique. In pretest, 46 (92%) of them had poor knowledge, 4(8%) girls had satisfactory knowledge and none of them had good knowledge. Whereas, in posttest, 38(76%) of them had good knowledge and none of them had poor knowledge. The mean posttest knowledge score (23.88) was significantly higher ($p<0.05$) than the mean pretest knowledge score (13.44).

Rani,S.G., (2015) conducted a cross sectional study on reproductive health awareness among adolescent girls in urban and rural field practice areas of osmania medical college. A total of 760 adolescent girls (380 in each area) were interviewed through convenience sampling technique. Pre experimental one group pre test post test design was used. Menstrual history and history of other bleeding conditions are taken and interviewed about awareness on reproductive health issues. In the present study only 37.4% adolescent girls in rural area and 48.7% in urban area had prior knowledge on menstruation (before attaining it), and 61.3% adolescent girls of the in rural and 59.5% of the adolescent girls in urban did not know from which organ the menstrual blood was coming during menstruation.

Mary.G., (2015) conducted a study level of knowledge and attitude on sexual health among adolescents at selected school in puducherry. A descriptive research design was carried out into 100 adolescents comprised with age limits 13-19 years. The sampling technique adopted for the study was non-probability convenient. Pre experimental one group pre test post test design was used. The results have been revealed that majority (73%) of adolescents had inadequate knowledge, in regard to level of attitude on sexual health among adolescents most of them (63%) had moderately favorable attitude, and there was no significant correlation between the knowledge and attitude. Pearson correlation is 6.457 with p-value 0.04.

Shubha.D., (2012) conducted a comparative study to assess the knowledge, attitude and practice regarding reproductive health among urban and rural girls in jaipur district. The sample for the present study consisted of 200 adolescent girls between the age group of 15 - 19 years, an equal number of girls were drawn from two ecological setting (Rural n = 100 and Urban n = 100) of

Jaipur district. The sample was chosen from state government schools on the basis of availability. Simple random sampling without replacement (SRSWOR) which gives an unbiased estimate about the target population was used. 60% urban girls were of the view that it is a Natural cyclic process, whereas 56% rural girls were of the opinion that it is some kind of disease or a physical problem.

Laxmi,P., (2012) conducted a cross sectional study to assess the prevailing level awareness on reproductive and sexual health among adolescents at selected schools, Nepal. The study participants were 15-19 years old adolescents studying in grade XI and XII in the selected area. Stratified random sampling technique was applied. The mean age of adolescents was 17.7 years with SD=0.86 and majority (57.9%) of them were in grade XII. 73.2% had high level knowledge and 70.9% had good practice of reproductive and sexual health.

John, (2010) conducted a study on knowledge and acceptance of sex education at Agbo-obaNigwa data on knowledge and attitudes towards sex education was collected from 178 females and 224 males, 15 years of age. Descriptive design was used for this study. 63.4% of the male respondent and 70.2% of female respondents knew about sex education. In all age groups at least 60% of respondents knew about sex education.

Arun.,v., (2008) conducted a cross – sectional study on knowledge and attitude of adolescent girls towards reproductive health and related problems at Bilaspur. The sample consisted of randomly selected adolescent girls in the age group of 15-19yrs. The finding revealed that about two-third (75.6%) of the girls were aware about all the signs of adolescence and 88.8% were aware about the need for healthy life majority (80%) had idea about various aspects of sex

education 80-4% of girls had sex education Emergency contraceptives were known only to 19.6%, 31.6% were aware about STDs could be prevented by the use of condom only 51-2% were about right legal age of marriage for girls.

Suja., (2008) conducted a study to assess the practice and problem in using pad or cloth during menstruation among the blind school children at salem. The sample were collected in simple random method interview schedule consist of 31 items were developed. The findings shows that the problem was more among the samples using cloth (-3.600) ($p < 0.05$) during menstruation. The study concluded by stating the implication, limitations, recommendation and the need for education among blind adolescents.

B. LITERATURE RELATED TO INFORMATION, EDUCATION AND COMMUNICATION PACKAGE ON REPRODUCTIVE AND SEXUAL HEALTH

Yaiphabee,A., Santham Lillypet,A. (2017) stated that a study to evaluate the effectiveness of structured teaching programme on knowledge regarding good touch and bad touch among children at selected schools, Bangalore. 60 children were selected by non-probability convenient sampling technique. The findings revealed that the “t” test was 12.034 at d=58 at $p=0.05$ level, which shown a significant difference in the knowledge after the structured teaching programme among school children.

Charan,A., (2017) conducted a quasi experimental study to assess the effectiveness of structured teaching programme regarding the knowledge and attitude of adolescent girls regarding Menstrual Hygiene Management at selected schools of Uttar Pradesh. The study includes 30 Adolescent Girls

studying in G S Model School NOIDA. Purposive sampling technique was used for selecting Adolescent Girls. The results of the study showed that Most of the Adolescent girls-18 (60%) was in the age group of 13-14 years. Majority of samples [83.3%] were informed about menstrual periods and [16.6%] were not informed, [83.3%] were informed about menstrual hygiene and [16.6%] were not informed about menstrual hygiene. Majority of the samples [90%] use sanitary pads during menstruation and [10%] use cloth pads.

Dhiraj Salve. (2017) conducted a study to assess the effectiveness of planned health teaching on knowledge about changes during puberty among adolescent girls residing in selected area of pune city. Quasi experimental single group pre test post test approach is used for the study. This study was conducted in 50 adolescent girls. Majority that is 29 (58%) sample had poor knowledge and 21 (42%) had average knowledge about the changes in puberty among adolescent girls.

Priya,M., (2015) conducted a quasi experimental study to assess the effectiveness of structured teaching programme on knowledge regarding sex education among the school students. An evaluative research approach was considered and pre experimental one group pre-test post-test design was used. Simple random sampling technique was used. The study originated with a sample of 80 students for explicating the effectiveness of STP on sex education. This study findings are mean value of pretest is 8 and post test is 20. The standard deviation of pretest is 2.7 and posttest is 1.2.

Anusha.L., (2015) conducted a Pre-experimental study to assess the Effectiveness of structured teaching programme on knowledge regarding pubertal changes among preadolescent girls in KNR government high school at

Nellore District. The sample size was 60 preadolescent girls and the non probability convenience sampling technique was used for selection of subjects. The findings of the study revealed that effectiveness of structured teaching programme on knowledge regarding pubertal changes among 60 pre-adolescent girls, in pretest, 43 (71.6%) had inadequate knowledge and 17 (28.4%) had moderately adequate knowledge. Whereas in posttest 34 (56.7%) had moderately adequate knowledge, 15 (25%) had inadequate knowledge and 11 (18.3%) had adequate knowledge.

Paul, R. (2011) conducted a study to assess the effectiveness of structured teaching programme regarding menarche among preadolescent girls in selected schools at Ngarcoil. Quasi experimental one group pre test, post test design was used for this study. The sample consisted of 60 pre adolescent girls. Convenience sampling technique was used in this study. There was significant difference in mean post test knowledge score regarding menarche ($t=25.974^*$ df 59, $p<0.01$).

Malleshappa, K., (2011) conducted a study to determine the effectiveness of a reproductive health education intervention programme in improving the knowledge of adolescent girls aged between 14-19 years in Kuppammandal, Chittoordt, Andhra Pradesh. A total of 656 girls in the age group of 14-19 years were randomly selected from 3 high schools (class X) & 3 intermediate colleges (class XI & XII) in Andhra Pradesh. 50 structured questionnaire was used to test the knowledge of all the participants about the reproductive health before & after the education session. A significant increase in overall knowledge regarding menstrual cycle, ovulation, fertilization & pregnancy by 44.5% was noted (95% CI=42.5, 46.5; $P<0.001$); knowledge regarding contraception improved remarkably from 33.7% to 97.4% ($P<0.0001$); A significant

improvement in the knowledge about transmission & prevention of STDs was noted after intervention ($P < 0.0001$).

Jeyashri.,G., (2007) conducted a study that to evaluate the effectiveness of planned teaching programme on selected aspects of reproductive health among the rural adolescents girls. In the pre test 69.77% of the subjects had poor knowledge, where as post test scores showed that 96.5% of subjects had good knowledge. This result related to the post test knowledge (mean 34.35) scores showed that the adolescent girls had a significantly higher score on reproductive health than the pre test (mean 21.81). The “t” value of 31.30 was significant at 0.001 level of significance and the investigator concluded overall pre test knowledge about reproductive health was poor, there was need planned teaching programme, post test result showed significant improvement in knowledge of reproductive health.

CONCLUSION

This study concludes that the adolescent girls were having inadequate knowledge regarding reproductive and sexual health. Sexual health education is an important preventive and continuing approach to the care of pre adolescents. Since the young people are the innovators, creators, builders and leaders of the future, they need emotional support and information regarding sexual concern, through promoting positive changes in foundation for healthy adult. The awareness about reproductive and sexual health should begin initially by the parents, in schools by the teacher, health personnel to protect adolescent group and it makes an adolescent group for good, potential of becoming a healthy, strong and egalitarian society.

CONCEPTUAL FRAMEWORK

This study was based on the conceptual framework of Rosenstocks (1974) and Becker's Health belief model. This framework consists of the following main concepts:

INDIVIDUAL PERCEPTION

The individual perception is the process of organizing, interpreting and transforming from data and memory that gives meaning to one's experience represents one's image of reality and influence on one's behaviour.

In this study, the researcher felt the need to teach the adolescent girls at selected government girls schools regarding reproductive and sexual health.

MODIFYING FACTOR

Modifying factors are those which have impact over the process of organization, interpretation and transformation.

In this study, the modifying factors were the demographic variables such as age, educational status of the parents, economic status and residential area, Type of house, religion, age of puberty and type of family.

PERCEIVED THREAT

Perceived Threat is the detection by instinct or inference rather than by organized perceptual cues.

In this study, the perceived threat of the researcher is health problem of the adolescents due to lack of awareness regarding reproductive and sexual

health. Female reproductive system & its functions, menstrual hygiene, psychological changes during puberty, Good touch and Bad touch, STD & HIV/AIDS.

CUES TO ACTION

Cues to action are evidence or the stimulus to do a particular action for the perceived threat.

In this study , the cues to action was reproductive and sexual health such as Anatomy of female reproductive system & its functions, menstrual hygiene, psychological changes during puberty, Good touch and Bad touch, STD & HIV/AIDS through information, Education and Communication package.

LIKELIHOOD OF ACTION

Likelihood of action is the process of doing something to attain the goal.

In this study, the likelihood of action includes the following:

PERCEIVED BENEFITS

Perceived benefits are instincts or something that aids in good health or promotes well being.

In this study, the perceived benefits were the optimal physical and mental health promotion and increased level of knowledge regarding reproductive and sexual health.

PERCEIVED BARRIERS

Perceived barriers are any possible factors or conditions that make someone difficult to make progress or to achieve a goal.

In this study, the Perceived barriers were knowledge deficit, lack of interest, parental illiteracy, lack of motivation, etc.

LIKELIHOOD OF TAKING HEALTH ACTION

The health action is the corrective measures that helps to promote the wellbeing or prevents the illness in an individual.

In this study, the Likelihood of health action of adolescent girls of 9th standard students was to improve the knowledge regarding reproductive and sexual health through information, education and communication package.

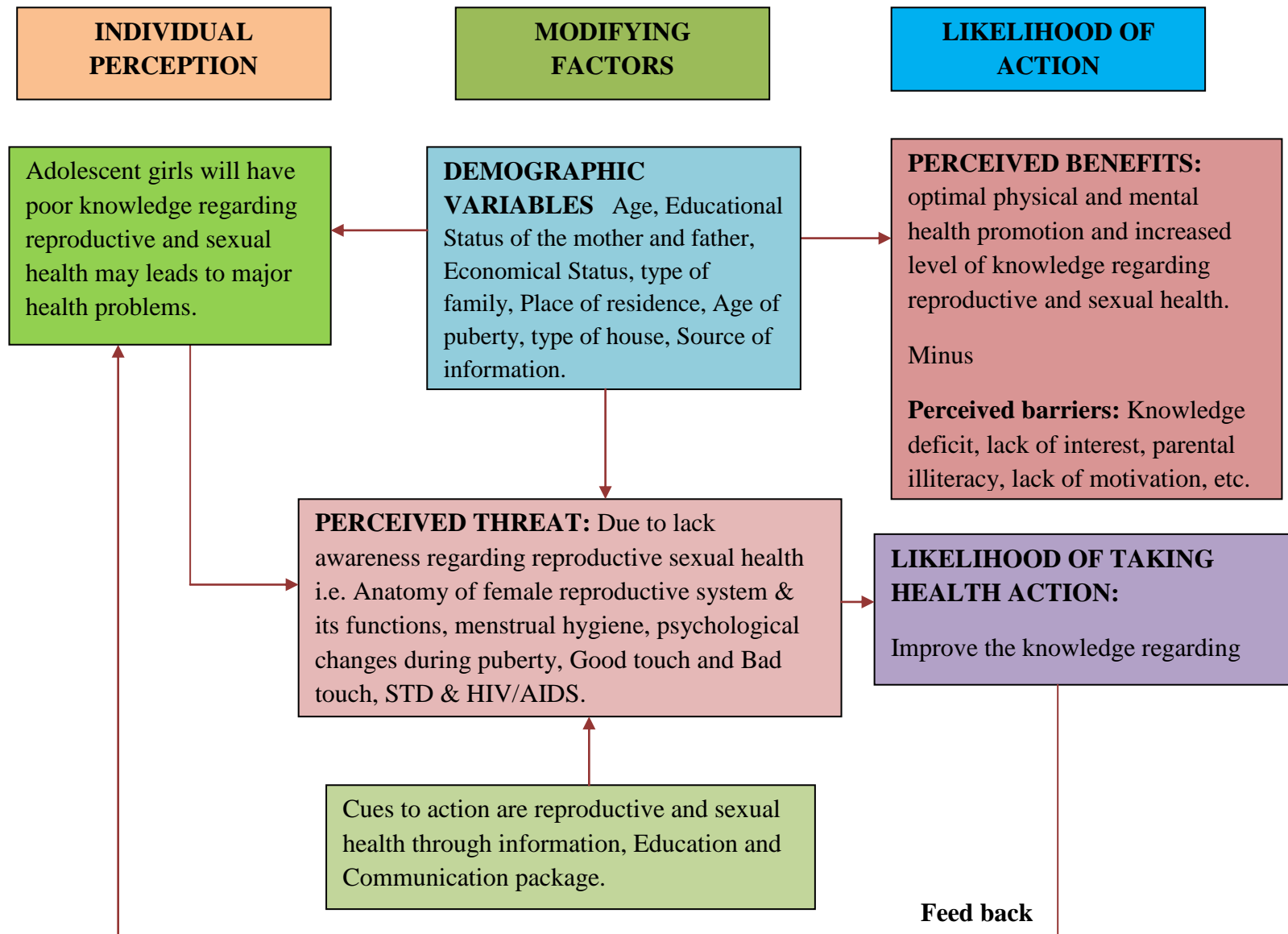


FIGURE -1 CONCEPTUAL FRAMEWORK OF ROSENTOCH (1974) AND BECKER'S HEALTH BELIEF

CHAPTER - III

RESEARCH METHODOLOGY

INTRODUCTION

Methodology of research refers to the investigations of the ways of obtaining, organizing and analyzing data. Methodological studies address the development, validation and evaluation of research tools or methods.

-Polit and Beck (2008)

The chapter deals with research approach, research design, setting of the study, Population, sampling size, sampling technique, criteria for sample selection, development and description of the tool, validity and reliability, pilot study, data collection procedure, data analysis and protection of human rights.

RESEARCH APPROACH

A Quantitative evaluative approach was used for this study.

RESEARCH DESIGN

The research design used for this study was quasi experimental non equivalent control group pretest posttest design.

E O1 X O2

C O3 O4

E – Experimental group

O1 –Pre test level of knowledge in experimental group

X- Health education on reproductive and sexual health through Information, education and communication package

O2 –Post test level of knowledge in experimental group

C – Control group

O3- Pre test level of knowledge in control group

O4 –Post test level of knowledge in control group

SETTING OF THE STUDY

In experimental group, the study was conducted in a government girls higher secondary school, Karur which was situated 60 kilometers from Dr.G.Sakunthala College of Nursing. It has total strength of 64 students in 9th standard. The school has adequate lighting and well ventilated classrooms, clean environment, and toilets and playground facility. The investigator has taken 30 students as experimental group study samples.

In control group, the study was conducted in a government girls higher secondary school, Musiri at Trichy district which was situated 30 kilometers from Dr.G.Sakunthala College of Nursing. It has total strength of 80 students in 9th standard. The school has adequate lighting, and well ventilated classrooms, clean environment and toilet and playground facility. The investigator has taken 30 students as control group study samples.

POPULATION

The study population consisted of 9th standard girls students.

SAMPLE

The sample of the study consisted of adolescent girls, who were studying in the 9th standard government girls higher secondary schools, Karur and Musiri.

SAMPLE SIZE

The Sample size was 60 adolescent girls in 9th standard. 30 adolescent girls in experimental group and 30 adolescent girls in control group.

SAMPLING TECHNIQUE

Non probability convenience sampling technique was used for selection of samples.

CRITERIA FOR SAMPLE SELECTION

INCLUSION CRITERIA

1. Adolescent girls who were studying in the 9th standard.
2. Adolescent girls who were present during data collection.

EXCLUSION CRITERIA

1. Adolescent girls who were absent during data collection.
2. Adolescent girls who were sick during data collection.

RESEARCH TOOL AND TECHNIQUE

In this study, self-administered knowledge questionnaire were used to assess the knowledge of adolescent girls through information, education and communication package regarding reproductive and sexual health among 9th standard of government girls higher secondary schools, Karur and Trichy district.

DESCRIPTION OF THE TOOL

PART – I : It consisted of demographic variables of the school students of adolescent girls.

PART – II : It consisted of 24 self-administered knowledge questions regarding reproductive and sexual health.

SCORING PROCEDURE

The possible total scores for multiple choice questions on knowledge related to reproductive and sexual health was 24. A score of '1' mark was given for each correct answer and '0' mark was given for wrong answer.

The score was ranged as follows:

LEVEL OF KNOWLEDGE	SCORE
Adequate knowledge	76-100%
Moderate adequate knowledge	51-75%
Inadequate knowledge	less than 50%

TESTING OF TOOL

VALIDITY

The tool was evaluated by 5 experts in nursing, who were requested to give their valuable suggestion about the content area, relevancy, clarity and appropriateness of items.

RELIABILITY

The reliability of the tool was established by assessing the quality and adequacy of the tool using split half method. The reliability of the knowledge questionnaire was $r = 0.8$. Hence the tool was reliable.

PILOT STUDY

After obtaining formal administrative approval, the pilot study was carried out from 05-02-2018 to 20-02-2018 with 10 adolescent girls (5-experimental group, 5-control group). Control group participants were selected from government high school, Nangavaram. Experimental group participants were selected from government higher secondary school, pettavaithalai. Health education on reproductive and sexual health was imparted to the adolescents through information education and communication package and there was no modification done in the study and pilot study samples were excluded from the main study for the data collection. The data collection was amenable to statistical analysis and thus the study was found to be feasible.

DATA COLLECTION PROCEDURE

The data collection was held from 01-03-2018 to 10-04-2018. Before starting the study, the investigator obtained formal permission from the principal, Head of the pediatrics department and research committee members of Dr. G. Sakunthala College of nursing. Prior to data collection the investigator obtained formal permission from the headmistress of the respective schools to conduct the study. The nature and purpose of the study was explained to the students. Samples were selected by non-probability convenience sampling technique and quasi experimental design was used. The researcher was initially obtained oral consent from each student and the knowledge questionnaires were administered to each sample including demographic data. During the first day pre assessment about the knowledge on reproductive and sexual health for experimental group of students were given using structured self-administered knowledge questionnaire. On first day itself health education on reproductive and sexual health related information was given to experimental group of students through the information education and communication package. On fifteenth day post test was given for experimental group of students on 02.03.2018. During the first day pre assessment about the knowledge on reproductive and sexual health for control group of students were given using structured self-administered knowledge questionnaire. On fifteenth day post test was given for control group without intervention. After post test

researcher was given health education to control group of students on 19.03.2018 through the information, education and communication package.

PLAN FOR DATA ANALYSIS

All the analysis was done by SPSS 20th version. The collected data was tabulated to represent the findings of the study. Both descriptive and inferential statistics was used.

Frequency and percentage and distribution was used to analyze the demographic variables.

Paired -t test was used to compare the pre-test scores and post-test scores in experimental and control group.

Independent-t test was used to find out the difference between post-test mean score of the experimental and control group.

Chi-square was used to determine the association between selected demographic variables with pre test level of knowledge score in control and experimental group.

ETHICAL CONSIDERATION

The research proposal was approved by the ethical committee of the institution. Prior to the pilot study, Permission was obtained from the principal and head of the pediatrics department and the investigator obtained formal permission from the headmistresses of the respective school to conduct the study. Oral consent was obtained from each participants of the study before starting the data collection. Assurance was given to the subject that confidentiality of each individual will be maintained. The students were informed that they were free to withdrawn from the study at any time. The purpose of the study was explained to the selected school teachers.

CHAPTER – IV

ANALYSIS AND INTERPRETATION OF DATA

This chapter deals with the description of the sample, analysis and interpretation of data to assess the effectiveness of information, education and communication package on knowledge regarding reproductive and sexual health among adolescent girls in selected schools at Trichy and Karur district. The obtained data have been classified, grouped and analyzed using descriptive and inferential statistics based on the objectives of the study.

OBJECTIVES

1. To assess the existing level of knowledge regarding reproductive and sexual health among adolescent girls in control group and experimental group.
2. To evaluate the effectiveness of information, education and communication package on knowledge regarding sex education among adolescent girls in experimental group
3. To compare the mean post level of knowledge of regarding reproductive and sexual health among adolescent girls in control group and experimental group.
4. To determine the association between selected demographic variables with pre test level of knowledge regarding reproductive and sexual health among adolescent girls in control group.
5. To determine the association between selected demographic variables with pre test level of knowledge regarding reproductive and sexual health among adolescent girls in experimental group.

ORGANIZATION OF FINDINGS

The analysis of data has been organized and presented under the following headings.

- SECTION-I : Frequency and percentage distribution of samples according to their demographic variables
- SECTION-II : Percentage distribution of knowledge scores of adolescent girls in control and experimental group
- SECTION-III : Comparison of mean scores between pre test and post test level of knowledge in experimental group and control group.
- SECTION-IV : Comparison of mean post level of knowledge scores between control group and experimental group
- SECTION-V : Association between selected demographic variables with pre test level knowledge in control group.
- SECTION-VI : Association between selected demographic variables with pre test level knowledge in experimental group.

SECTION I

This section deals with demographic variables of the samples

Table I

Frequency and percentage distribution of samples according to their demographic variables.

		N=60			
S.No	Demographic variables	Control Group		Experimental Group	
		(n=30)		(n=30)	
		Frequency (n)	Percentage %	Frequency (n)	Percentage %
1	Age of the Student				
	a) 13-14 years	26	86.7%	20	66.7%
	b) 15-16 years	4	13.3%	10	33.3%
2	Residential area				
	a) Rural	6	20.0%	22	73.3%
	b) Urban	24	80.0%	8	26.7%
3	Income of the family				
	a) 2,000-4,000	8	26.7%	17	56.7%
	b) 4001-8000	17	56.7%	8	26.7%
	c) 8001 and above	5	16.7%	5	16.7%

4	Type of family				
	a) Nuclear family	19	66.3%	25	83.3%
	b) Joint family	11	36.7%	5	16.7%
<hr/>					
5	Mother's Education	7	23.3%	6	20.0%
	a) Illiterate	21	70.0%	13	43.3%
	b) Primary Education	2	6.7%	9	30%
	c) Higher Secondary	0	0	2	6.7%
	d) Graduate				
6	Father's Education				
	a) Illiterate	6	20.0%	7	23.3%
	b) Primary Education	20	66.7%	10	33.3%
	c) Higher Secondary	3	10.0%	11	36.7%
	d) Graduate	1	3.3%	2	6.7%
7	Religion				
	a) Hindu	27	90.0%	26	86.7%
	b) Christian	2	6.7%	2	6.7%
	c) Muslim	1	3.3%	2	6.7%
8	Age of puberty				
	a) 10-12 years	3	10.0%	7	23.3%
	b) 13-15 years	24	80.0%	22	73.3%
	c) 16-18 years	3	10.0%	1	3.3%
9	Type of house				
	a) Hut house	19	63.3%	16	53.3%
<hr/>					

	b) Tiled house	11	36.7%	14	46.7%
10	Previous source of information about reproductive and sexual health				
	a) Radio / TV	3	10.0%	4	13.3%
	b) Parents	11	36.7%	13	43.3%
	c) Friends	5	16.7%	3	10.0%
	d) Unknown	11	36.7%	10	33.3%

Table – I shows the frequency and percentage distribution of demographic variables.

Most of the adolescent girls 26 (86.7%) in control group belongs to the age group of 13-14 years and 20 (66.7%) in experimental group were belongs to the age group of 13-14 years.

Majority of adolescent girls 24 (80.0%) in control group were residing at urban and, 22 (73.3%) in experimental group were residing at rural area.

Majority of the adolescent girls family income between Rs.4001-8000/- 17(56.7%) in control group, Rs.2000-4000/- 17 (56.7%) in experimental group.

Majority of the family 20(63.3%) in control group and 25(83.3%) in experimental group were nuclear family.

Majority of the mothers 21(70.0%) in control group and 13(43.3%) in experimental group were primary education.

Majority of the fathers 20(66.7%) in control group were primary education and 11(36.7%) in experimental group were higher secondary.

Majority of the adolescent girls 27(90.0%) in control group and 26(86.7%) in experimental group were belongs to Hindu.

Majority of the adolescent girls attained age of puberty between 13-15 years 24(80.0%) in control group, 22 (73.3%) in experimental group.

Majority of the adolescent girls 19(63.3%) in control group and 16(53.3%) in experimental group lives in hut house.

Majority of the adolescent girls 11(36.7%) unknown in control group and 13(43.3%) parents in experimental group had no previous knowledge regarding reproductive and sexual health.

SECTION – II

This Section deals with the knowledge scores of adolescent girls in control group and experimental group.

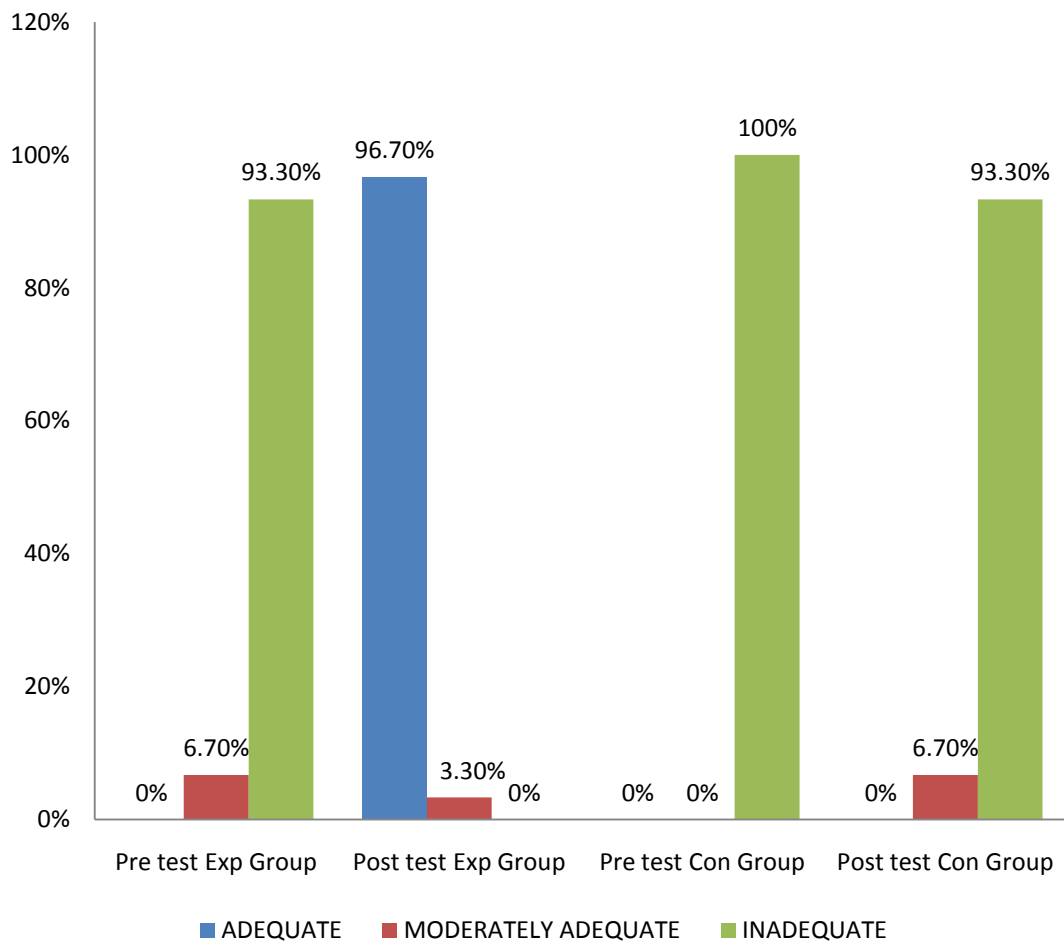


Figure-2 The percentage distributions of knowledge scores regarding reproductive and sexual health among adolescent girls in control group and experimental group.

SECTION - III

This section deals with the comparison of mean scores between pre test and post test among control group and experimental group.

Table – 2

Comparison of mean scores between pre test and post test level of knowledge in control group and experimental group.

Group	Pretest	Post test	Mean differences	SD	Paired ‘t’ test
Control group	5.00	7.97	2.97	1.050	6.855
Experimental group	6.47	22.63	16.16	2.738	28.591

*P<0.05

Table-2 shows the comparison of mean scores between pre test and post test knowledge in experimental group. The mean post test knowledge (22.63) was higher than the pre test mean (6.47) with the standard deviation (2.738) and the obtained ‘t’ value (t=28.291) was significant at $p<0.05$. It also describes the comparison of mean scores between pre test and post test in experimental group. In control group mean post test

knowledge (7.97) was higher than the pretest mean (5.00) and the obtained 't' value ($t=6.855$) was significant at $p<0.05$. So the hypothesis 1 (H1) was accepted.

SECTION – IV

This section deals with the comparison of mean scores between post test knowledge in control group and experimental group.

Table – 3

Comparison of mean post test level of knowledge scores between control group and experimental group.

Group	Sample (n)	Post test Mean	Post test SD	Independent 't' test
Control Group	30	7.97	2.125	32.992
Experimental Group	30	22.63	1.189	

* $P<0.05$

Table -3 describes that the comparison of mean score of the experimental group (22.63) and standard deviation was (1.189). The difference between the mean knowledge scores of the experimental group and control group is highly significant ($t=32.992^*$). Which implies that there was a significant increase at $p<0.05$ level. So the hypothesis 2(H2) was accepted.

SECTION – V

This section deals with the association between selected demographic variables with pre test level of knowledge in control group.

Table – 4

Association between pre test level of knowledge scores with selected demographic variables with the adolescent girls in control group.

S.No	Demographic Variables	Control Group (n=30)			Chi-square
		Adequate	Moderately adequate	Inadequate	
1	Age of the Student				
	a) 13-14 years	0	0	26	1.13
	b) 15-16 years	0	0	4	
2	Residential area				
	a) Urban	0	0	6	0.65
	b) Rural	0	0	24	
3	Income of the family				
	a) 2,000-4,000	0	0	8	4.22
	b) 4001-8000	0	0	17	
	c) 8001 and above	0	0	5	

4	Type of family				
	a) Nuclear family	0	0	19	0.33
	b) Joint family	0	0	11	
5	Mother's Education				
	a) Illiterate	0	0	7	
	b) Primary Education	0	0	21	0.7
	c) Higher Secondary	0	0	2	
	d) Graduate	0	0	0	
6	Father's Education				
	a) Illiterate	0	0	6	
	b) Primary Education	0	0	20	1.367
	c) Higher Secondary	0	0	3	
	d) Graduate	0	0	1	
7	Religion				
	a) Hindu	0	0	27	
	b) Christian	0	0	2	0.6
	c) Muslim	0	0	1	
8	Age of puberty				
	a) 10-12 years	0	0	3	
	b) 13-15 years	0	0	24	3.54
	c) 16-18 years	0	0	3	
9	Type of house				
	a) Hut house	0	0	0	0.29

	b) Tiled house	2	9	19	
10	Previous source of information about reproductive and sexual health				
	a) Radio / TV	0	0	3	
	b) Parents	0	0	11	1.63
	c) Friends	0	0	5	
	d) Unknown	0	0	11	

* $P < 0.05$ level

Table -5 shows the associations between demographic variables with pre test knowledge score. The calculated chi-square values were less than the table value which implies that there was no association between selected demographic variables with pre test level of knowledge score in control group. So the hypothesis 3(H3) was rejected.

SECTION – VI

This section deals with the association between selected demographic variables with pre test level of knowledge in experimental group.

Table – 4

Association between pre test level of knowledge scores with selected demographic variables with the adolescent girls in experimental group.

S. No	Demographic Variables	Experimental Group (n=30)			
		Adequate	Moderately adequate	Inadequate	Chi- square
1	Age of the Student				
	a) 13-14 years	0	1	19	0.268
	b) 15-16 years	0	1	9	
2	Residential area				
	a) Urban	0	1	21	0.597
	b) Rural	0	1	7	
3	Income of the family				
	a) 2,000-4,000	0	2	15	1.639
	b) 4001-8000	0	0	8	
	c) 8001 and above	0	0	5	

4	Type of family				
	a) Nuclear family	0	2	23	0.429
	b) Joint family	0	0	5	
5	Mother's Education				
	a) Illiterate	0	0	6	
	b) Primary Education	0	1	12	
	c) Higher Secondary	0	1	8	0.879
	d) Graduate	0	0	2	
6	Father's Education				
	a) Illiterate	0	0	7	
	b) Primary Education	0	0	10	
	c) Higher Secondary	0	2	9	3.701
	d) Graduate	0	0	2	
7	Religion				
	a) Hindu	0	2	24	
	b) Christian	0	0	2	0.330
	c) Muslim	0	0	2	
8	Age of puberty				
	a) 10-12 years	0	0	7	
	b) 13-15 years	0	2	20	0.779
	c) 16-18 years	0	0	1	
9	Type of house				
	a) Hut house	0	0	0	

	b) Tiled house	2	9	19	2.56
10	Previous source of information about reproductive and sexual health				
	a) Radio / TV	0	0	4	
	b) Parents	0	1	12	0.701
	c) Friends	0	0	3	
	d) Unknown	0	1	9	

* $p < 0.05$ level

Table- 5 shows the associations between demographic variables with pre test knowledge score. The calculated chi-square values were less than the table value which implies that there was no association between selected demographic variables with pre test level of knowledge score in experimental group. So the hypothesis 4(H4) was rejected.

CHAPTER – V

DISCUSSION

This chapter deals with the findings of the study. The aim of the study was to evaluate the effectiveness of information, education and communication package on knowledge regarding reproductive and sexual health among adolescent girls in selected schools at Trichy and karur District during the year 2017-2018.

A quasi – experimental non equivalent control group pretest post test design was used to conduct the study. Knowledge was assessed by using self administered knowledge questionnaire. Non Probability convenience sampling technique was used. The study sample consisted of 60 adolescent girls, 30 in control group and 30 in experimental group studying in 9th standard. Using the above tool, data were collected and analyzed. The study findings revealed the following,

The aim of the study was to assess the effectiveness of information, education and communication package on knowledge regarding reproductive and sexual health among adolescent girls in selected schools at Trichy and karur district.

Among the demographic variables, majority of the adolescent girls 26 (86.7%) in control group belongs to the age group of 13-14 years and 20 (66.7%) in experimental group were belongs to the age group of 13-14 years. Majority of adolescent girls 24 (80.0%) in control group were residing at urban and, 22 (73.3%) in experimental group

were residing at rural area. Majority of the adolescent girls family income between Rs.4001-8000/- 17(56.7%) in control group, Rs.2000-4000/- 17 (56.7%) in experimental group. Majority of the family 20(63.3%) in control group and 25(83.3%) in experimental group were nuclear family. Majority of the mothers 21(70.0%) in control group and 13(43.3%) in experimental group were primary education. Majority of the fathers 20(66.7%) in control group were primary education and 11(36.7%) in experimental group were higher secondary. Majority of the adolescent girls 27(90.0%) in control group and 26(86.7%) in experimental group were belongs to Hindu. Majority of the adolescent girls attained age of puberty between 13-15 years 24(80.0%) in control group, 22 (73.3%) in experimental group. Majority of the adolescent girls 19(63.3%) in control group and 16(53.3%) in experimental group lives in hut house. Majority of the adolescent girls 11(36.7%) unknown in control group and 13(43.3%) parents in experimental group had no previous knowledge regarding reproductive and sexual health.

The first objective of the study was to assess the level of knowledge regarding reproductive and sexual health among adolescent girls in control group and experimental group.

The result of the study showed that (93.3%) adolescent girls had inadequate knowledge, and (6.7%) adolescent girls had moderately adequate knowledge in experimental group. In control group (100%) adolescent girls had inadequate knowledge. The result shows that the adolescent girls of selected schools had lack of knowledge regarding reproductive and sexual health because most of the parents were primary education. So the investigator planned to provide the IEC package to insist the importance regarding reproductive and sexual health in various aspects such as female reproductive system & its functions, avoidance of psychological problems after puberty, good touch and bad touch, prevention of STD and HIV/AIDS. The findings was supported by Jaspreet,S., Sasirekha,B., (2015).

The second objective of the study was to assess the effectiveness information, education and communication package on knowledge regarding reproductive and sexual health among adolescent girls in control group and experimental group.

In this present study, the mean post-test knowledge (22.63) was higher than the pretest mean (6.47) with the standard deviation (2.738) and the obtained 't' value ($t=28.291$) was significant at $p<0.05$. It also describes the comparison of mean scores between pre test and post in experimental group. In control group mean post test knowledge (7.97) was higher than the pretest mean (5.00) and the obtained 't' value ($t=6.855$) was significant at $p<0.05$. The study findings were supported by Sasirekha, B., Mohanapriya, M., Paul, R. (2015). Therefore hypothesis 1 (H1) was accepted.

The third objective of the study was to compare the mean post test level of knowledge regarding reproductive and sexual health among adolescent girls in control group and experimental group.

The mean post test knowledge (22.63) score regarding reproductive and sexual health was significantly higher than the mean pre test knowledge score in adolescent girls who received information, education and communication package than the control group post test knowledge (7.97). The calculated 't' values were significantly higher than the table value at $p<0.05$ level. The investigator concluded that the information, education and communication package was effective in improving the knowledge regarding reproductive and sexual health among adolescent girls in experimental group. The study findings were supported by Jeyashri, G., Malleshappa, K., (2011). Therefore hypothesis 2 (H2) was accepted.

The fourth objective of the study was to determine the association between selected demographic variables with pre test level of knowledge regarding reproductive and sexual health among adolescent girls in control group.

The study findings revealed that there was no significant association between selected demographic variables of adolescent girls such as age, residence, mother's education, father's education, religion, income of the family, type of family, age of puberty, type of house, and previous source of information with the pretest level of knowledge in control group. The study findings was contradicted by Sasirekha.B. (2016). The study findings was supported by Mary.G. (2015). So, the hypothesis 3 (H3) was rejected.

The fifth objective of the study was to determine the association between selected demographic variables with pre test level of knowledge regarding reproductive and sexual health among adolescent girls in experimental group.

The study findings revealed that there was no association between selected demographic variables with pre test level of knowledge score in experimental group. The study findings was supported by Priya.M. (2015). So the hypothesis 4 (H4) was rejected.

CHAPTER VI

SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS

This chapter presents the summary of the study, conclusion, implications, in different areas like nursing practice, nursing education, nursing research, nursing administration, limitations and recommendation for the further study.

SUMMARY OF THE STUDY

A quasi experimental study to assess the effectiveness of information, education and communication on knowledge regarding reproductive and sexual health among adolescent girls in selected schools at Trichy and Karur district.

THE FOLLOWING OBJECTIVES WERE SET FOR THE STUDY

1. To assess the existing level of knowledge regarding reproductive and sexual health among adolescent girls in control group and experimental group.

2. To assess the effectiveness of information, education and communication package on knowledge regarding reproductive and sexual health among adolescent girls in experimental group
3. To compare the mean post level of knowledge of regarding reproductive and sexual health among adolescent girls in control group and experimental group.
4. To determine the association between selected demographic variables with pretest level of knowledge regarding reproductive and sexual health among adolescent girls in control group.
5. To determine the association between selected demographic variables with pretest level of knowledge regarding reproductive and sexual health among adolescent girls in experimental group.

The conceptual model of the study was based on Rosen Stocks Becker's health belief model. The study was conducted by using quasi experimental non-equivalent control group pre test post test design. Non probability convenient sampling techniques were used to select the samples. The sample size used for the study was 60 adolescent girls at selected school of 30 in control and 30 in experimental group. The instruments used for data collection was self-administered knowledge questionnaire regarding reproductive and sexual health.

The data was analyzed and interpreted in terms of objectives and research hypothesis. Descriptive statistics (frequency, percentage, mean and standard deviation) and inferential statistics (paired t-test, independent t-test and chi-square) were used to test the research hypothesis.

MAJOR FINDINGS OF HTE STUDY

1. Among the demographic variables, majority of the adolescent girls 26 (86.7%) in control group belongs to the age of 13-14 years and 20 (66.7%) in experimental group were belongs to the age of 13-14 years.

2. Majority of adolescent girls 24 (80.0%) in control group were residing at urban and, 22 (73.3%) in experimental group were residing at rural area.
3. Majority of the adolescent girls family income between Rs.4001-8000/- 17(56.7%) in control group, Rs.2000-4000/- 17 (56.7%) in experimental group.
4. Majority of the family 20(63.3%) in control group and 25(83.3%) in experimental group were nuclear family.
5. Majority of the mothers 21(70.0%) in control group and 13(43.3%) in experimental group were primary education.
6. Majority of the fathers 20(66.7%) in control group were primary education and 11(36.7%) in experimental group were higher secondary.
7. Majority of the adolescent girls 27(90.0%) in control group and 26(86.7%) in experimental group were belongs to Hindu.
8. Majority of the adolescent girls attained age of puberty between 13-15 years 24(80.0%) in control group, 22 (73.3%) in experimental group.
9. Majority of the adolescent girls 19(63.3%) in control group and 16(53.3%) in experimental group lives in hut house.
10. Majority of the adolescent girls 11(36.7%) unknown in control group and 13(43.3%) parents in experimental group had no previous knowledge regarding reproductive and sexual health.
11. The result of the study showed that the pre test level of knowledge was moderate and inadequate knowledge in both control group and experimental group.
12. The findings showed that the mean post test level of knowledge was significantly higher than the mean pre test level of knowledge among adolescent girls in control and experimental group.
13. There was a highly significant on mean post test level of knowledge among adolescent girls in experimental group as compared to control group.
14. There was no significant association between selected demographic variables with pre test knowledge regarding reproductive and sexual health among adolescent girls in control group at $p < 0.05$ level.

15. There was no significant association between selected demographic variables with pre test knowledge regarding reproductive and sexual health among adolescent girls in experimental group at $p < 0.05$ level.

CONCLUSION

The study brought out the following conclusions that education to the adolescent girls is very important regarding female reproductive system & its functions, psychological changes during puberty, good touch and bad touch and sexually transmitted disease & HIV/AIDS.

Imparting the concepts of information, education and communication package to nursing students and its utilization to give health education in the schools, hospitals, and community. Therefore, awareness regarding the good touch and bad touch and avoidance of sexual abuse, sexually transmitted diseases, prevention and promotion of health and health practices through health education can be promoted today for the forthcoming generations.

IMPLICATIONS

The findings of the study have several implications on nursing practice, nursing education, nursing research and nursing administration.

NURSING PRACTICE

Numerous implications can be drawn from the present study for practice which promotes and creates a new dimension to nursing profession. The nurse, health professionals and health practitioners can be able to make significant contributions to promote health status of adolescent girls. The nurse can schedule and plan the teaching

programmes to educate the adolescent girls and it must be interesting, interactive and more effective with help of audio-visual aids. This method will help the adolescent girls to understand the effectiveness of teaching regarding reproductive and sexual health problems.

NURSING EDUCATION

The practical knowledge of the nurse depends upon the education they receive. So the nursing education should prepare the nurse to realize their responsibility as nurse educator has to render health services in various settings like community, schools, family, hospitals and primary health services. Nursing students must be reoriented to the primary health care approach because this enables nurse to be well prepared to assist clients and community at large to develop their self-care potentialities.

Nursing personnel working in various health cares should be given .In- service education regarding reproductive and sexual health. So that they can identify plan and conduct health programmes for different strata of population in the community.

The present study would help nursing students to understand the advantages and importance of reproductive and sexual health which is more effective in imparting knowledge among adolescent girls. Students should be given experience to practice information, education and communication package by the educator institution. Curriculum should integrate this type of activity in all areas of nursing. Nursing should emphasize more innovative methods of teaching through varied approaches of health education.

NURSING RESEARCH

The findings of the study can be utilized by a nursing researcher in future to conduct extensive studies to identify/ assess the knowledge, attitude, and practices regarding reproductive and sexual health. There is a need of nursing research in the area of client education. Health related studies need to be concentrated for behavior modification of people by developing unique health education programme. Other aspects of reproductive

and sexual health care such as avoidance of child abuse, HIV and Sexually transmitted infections, maintenance of proper menstrual hygiene, promotion of health and prevention of disease can also be considered for the future.

NURSING ADMINISTRATION

Nurse as an administrator has a role in planning the policies for imparting health information to the target population. The present study will help nursing administrator or authorities to recognize the need for continuous in service education and continuous nursing education for imparting health information to nursing personnel through different teaching methods which would benefit students and also community.

A timely health education can be organized which plays a major role in educating the people about reproductive and sexual health. They should arrange mass school health and community programmes. Imparting knowledge regarding reproductive and sexual health among adolescent girls can reduce the child abuse, sexually transmitted disease, HIV& AIDS and it can improve the health and well being of the students.

LIMITATION

The limitation of this study is generalization of the findings that cannot be done to convenience sampling method.

RECOMMENDATIONS

On the basis of findings, the following recommendations were given.

1. A true experimental study to assess the effectiveness of IEC package regarding reproductive and sexual health can be conducted in large group and in various settings.
2. A comparative study can be done on different age groups.

3. A comparative study can be conducted to find out the similarities and difference in knowledge between urban and rural school students.
4. Similar study can be conducted among general population.

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APPENDIX A
LETTER REQUESTING FOR VALIDATION

From

Mrs.DHIVYA.M
II Year M.sc Nursing,
Dr.G.Sakunthala College of Nursing,
Trichy.

To

Through

The Principal,
Dr.G.Sakunthala College of Nursing,
Trichy

Respected Madam,

Sub : Req. Opinion and suggestion from experts for establishing content validity of the tools.

I am a II year M.sc nursing student of Dr.G.Sakunthala college of nursing.
As a partial fulfilment of my requirements I am doing a study on the topic mentioned below.

A quasi experimental study to assess the effectiveness of information, education and communication on knowledge regarding reproductive and sexual health among adolescent girls in selected schools at Trichy and Karur district

May I hereby humbly request you to give your valuable suggestion regarding the appropriateness of the tool. Your kind co operation and judgment will be highly appreciated.

Thanking you in anticipation

Yours Faithfully

(DHIVYA)

LETTER SEEKING PERMISSION TO CONDUCT THE RESEARCH STUDY

From

The Principal,
Dr. G. Sakunthala College of Nursing,
Trichy-101

To

The Headmistress,
Girls Government Higher Secondary School,
Karur.

Respected Madam,

Sub : Letter requesting permission to conduct research study Reg.

This to introduce Mrs.Dhivya.M, M.Sc Nursing II year student of Dr. G.Sakunthala College of Nursing, Trichy. She is to conduct a research project which is submitted to the Tamilnadu Dr.M.G.R Medical University, Chennai, as partial fulfilment of university requirement for the award of Master Degree in nursing. Her topic, "A quasi experimental study to assess the effectiveness of information, education and communication on knowledge regarding reproductive and sexual health among adolescent girls in selected schools at Trichy and Karur district".

The student is interested in conducting her study among adolescent girls regarding reproductive and sexual health in government girls higher secondary school. I shall be obliged if you kindly grant permission for conducting study in your esteemed institution.

Thanking You,

Yours sincerely,

(PRINCIPAL)

REQUISITION LETTER TO MEDICAL GUIDE

From

Mrs Dhivya.M
II Year M.sc Nursing,
Dr.G.Sakunthala College of Nursing,
Trichy.

To

Dr.T.R.R.KRISHNAN.MBBS.,M.D.,(Pediatric) Dip.in Allergy & Asthma
(CMC Vellore & AAAAI, USA),
Dr. G.Viswanathan Speciality Hospitals,
Trichy.

Respected Sir,

Sub : Requesting permission for the guidance to conduct the study regarding,

I am a II year M.sc nursing student of Dr.G.Sakunthala college of nursing. I would like to conduct a study as a partial fulfilment for the degree of M.Sc (N). The statement of the problem is “A quasi experimental study to assess the effectiveness of information, education and communication on knowledge regarding reproductive and sexual health among adolescent girls in selected schools at Trichy and Karur District”, 2017-2018.

May I hereby humbly request you to give your valuable suggestion regarding the appropriateness of the tool. Your kind co operation and judgment will be highly appreciated.

Thanking you in anticipation

Yours Faithfully,

(DHIVYA)

Place:

Date :

APPENDIX B

LIST OF EXPERTS CONSULTED FOR THE CONTENT VALIDITY OF RESEARCH TOOL

Prof. Mrs. MARY ANBARASI, M.Sc (N), Ph.D (N),
H.O.D Pediatric Nursing,
Christian Medical College,
Vellore.

Prof. Mrs. RAJESHWARI SIVA, M.Sc (N),
H.O.D Community Health Nursing,
Christian Medical College,
Vellore.

Prof. Mrs. MARY REETA M.Sc (N),
Principal,
Thasiah College of Nursing,
Marthandam.

Dr. Mrs. JULIET SYLVIA M.Sc (N), Ph.D (N),
Vice Principal,
Ultra College of Nursing,
Madurai.

Mrs. VANI CHITHRA DEVI, M.Sc (N),
Vice Principal,
Karpaga Vinayaga College of Nursing,
Pudukkottai.

APPENDIX-C
RESEARCH INSTRUMENT (ENGLISH)
QUESTIONNAIRE ON REPRODUCTIVE AND SEXUAL HEALTH

INTRODUCTION

Good morning, I am Dhivya II Year M. Sc (N) Student of Dr. G. Sakunthala College of Nursing. I will ask few questions regarding reproductive and sexual health. This is only for educational purpose. The confidentiality was strictly maintained. Interview schedule was to assess the knowledge of students regarding reproductive and sexual health.\

PART-A

Instruction

Please read the questions carefully and put a tick mark (✓) and indicate the response that you chose against the space provided.

DEMOGRAPHIC VARIABLES

1. Age
 - a) 13-14 years ()
 - b) 15-16 years ()
2. Resident area
 - a) Urban ()
 - b) Rural ()
3. Income of the family
 - a) 2,000-4,000 ()
 - b) 4,001-8000 ()
 - c) 8,001 and above ()
4. Type of family
 - a) Nuclear family ()
 - b) Joint family ()
5. Mothers education
 - a) Illiterate ()

- b) Primary education ()
 - c) Higher secondary ()
 - d) Graduate ()
- 6. Fathers education
 - a) Illiterate ()
 - b) Primary education ()
 - c) Higher secondary ()
- 7. Religion
 - a) Hindu ()
 - b) Christian ()
 - c) Muslim ()
- 8. Age of Puberty
 - a) 10-12 years ()
 - b) 13-15 years ()
 - c) 16-18 years ()
- 9. Type of house
 - a) Hut house ()
 - b) Tiled house ()
- 10. Previous source of information about reproductive and sexual health
 - a) Radio / TV ()
 - b) Parents ()
 - c) Friends ()
 - d) Unknown ()

PART –B

KNOWLEDGE QUESTIONNAIRES

1. What is sex education?
 - a) Process of acquiring information and forming attitudes and beliefs about sex ()
 - b) Information regarding physical maturity ()
 - c) Information regarding psychological maturity ()
2. What is sexual health?
 - a) A state of physical well being ()
 - b) A state of complete physical, mental, social well being in relation to human sexuality ()
 - c) A state of social well being ()
3. What are all the external reproductive organs?
 - a) Labia majora, labia minora ()
 - b) Vagina, uterus ()
 - c) Uterine tubes, ovaries ()
4. What are all the internal reproductive organs?
 - a) Urethra, clitoris, uterus, vaginal orifice ()
 - b) Ovaries, uterus, vagina, uterine tubes ()
 - c) Abdomen, pelvis, clitoris, hymen ()
5. What is ovulation?
 - a) Maturation of ovum ()
 - b) Release of eggs from the ovaries ()
 - c) Fusion of sperm with ovum ()
6. What is fertilization?
 - a) Fusion of the follicles with sperm ()
 - b) Implantation of sperm in uterus ()
 - c) Fusion of the sperm with ovum ()
7. What is menstruation?
 - a) Periodic discharge of blood from the uterus occurring monthly ()

- b) Release of eggs from ovaries ()
- c) Maturation of ovum ()
- 8. Duration of normal menstrual cycle
 - a) Once in 28 days ()
 - b) Once in 45 days ()
 - c) Once in 60 days ()
- 9. What is menstrual hygiene?
 - a) Change of napkins once in a day ()
 - b) Proper personal hygiene ()
 - c) Change of napkins in a day every four hours ()
- 10. What is puberty?
 - a) Adolescence reach sexual maturity and become capable of reproduction ()
 - b) Increased physical size ()
 - c) Psychological changes during adolescent ()
- 11. What is the name of female egg?
 - a) Sperm ()
 - b) Ovum ()
 - c) Estrogen ()
- 12. Which is the female sex hormone?
 - a) Prolactin ()
 - b) Testosterone ()
 - c) Estrogen ()
- 13. What are the physical changes occur during puberty?
 - a) Menstruation, appearance of pubic hair, enlargement of breast ()
 - b) Increase in height, increase in weight ()
 - c) Increase in appetite and excessive sweating ()
- 14. What are the psychological problems of adolescence?
 - a) Anxiety, stress and sleep disturbances ()
 - b) Vomiting, diarrhea, abdominal discomfort ()
 - c) Head ache, fever, back pain ()

15. What is good touch? ()
- a) Make you feel sad ()
 - b) Make you feel comfortable ()
 - c) Make you feel irritated ()
16. What is bad touch? ()
- a) Make you feel happy ()
 - b) May create curiosity ()
 - c) Make you feel bad ()
17. What are all the sexually transmitted diseases? ()
- a) Syphilis, AIDS, Gonorrhea ()
 - b) Tuberculosis, Asthma, Hepatitis ()
 - c) Diabetic mellitus, Cancer, Rubella ()
18. What is AIDS? ()
- a) Non –communicable disease affecting the immune system ()
 - b) Communicable disease affecting the immune system ()
 - c) Contagious disease ()
19. What is the causative organism for AIDS? ()
- a) Bacteria ()
 - b) Virus ()
 - c) Protozoa ()
20. What is the mode of transmission of HIV/AIDS? ()
- a) Sharing used syringes and needles ()
 - b) Through protected sex ()
 - c) Sharing clothes of HIV infected person ()
21. What are the major symptoms of AIDS? ()
- a) Headache, abdominal pain, joint pain ()
 - b) Fever , persistent cough , diarrhea ()
 - c) Nose bleeding , neck pain , back pain ()
22. What is the confirmatory test for HIV infection? ()
- a) WESTERN BLOT Test ()
 - b) VDRL Test ()

- c) ELIZA Test ()
- 23. How is HIV/AIDS treated?
 - a) Surgery ()
 - b) Radiation ()
 - c) Antiretroviral therapy ()
- 24. How can HIV/AIDS be prevented?
 - a) Protected sex ()
 - b) Vaccination ()
 - c) Isolate the HIV infected person ()

பாலியல் கல்வி மற்றும் பாலியல் நலம் பற்றிய வினாக்கள்

பகுதி - அ

(✓) குறியை பொருத்தமான இடங்களில் இடவும்

1. மாணவியின் வயது
அ) 13-14 ()
ஆ) 15-16 ()
2. வசிப்பிடம்
அ) நகரம் ()
ஆ) கிராமம் ()
3. குடும்ப வருமானம்
அ) 2000 - 4000 ()
ஆ) 4001 - 8000 ()
இ) 8001 - க்கு மேல் ()
4. குடும்ப வகை
அ) தனிக்குடும்பம் ()
ஆ) கூட்டுக்குடும்பம் ()
5. தாயின் கல்வித் தகுதி
அ) படிப்பறிவு இல்லாதவர் ()
ஆ) நடுநிலைப்பள்ளி ()
இ) மேல்நிலைப்பள்ளி ()
ஈ) பட்டதாரி ()
6. தந்தையின் கல்வித்தகுதி
அ) படிப்பறிவு இல்லாதவர் ()
ஆ) நடுநிலைப்பள்ளி ()
இ) மேல்நிலைப்பள்ளி ()
ஈ) பட்டதாரி ()
7. மதம்

- அ) இந்து ()
- ஆ) கிறிஸ்தின் ()
- இ) இஸ்லாமியர் ()
8. பருவமடைந்த வயது
- அ) 10 - 12 வயது ()
- ஆ) 13 - 15 வயது ()
- இ) 16 - 18 வயது ()
9. வீட்டின் வகை
- அ) ஒட்டு வீடு ()
- ஆ) மாடி வீடு ()
10. இதற்கு முன் பாலியல் கல்வி மற்றும் நலம் பற்றி யாரிடமாவது அறிந்து கொண்டீர்களா?
- அ) தொலைக்காட்சி ()
- ஆ) பெற்றோரிடமிருந்து ()
- இ) நண்பர்கள் ()
- ஈ) யாரிடமிருந்தும் இல்லை. ()

அறிவு சார்ந்த கேள்விகள்

பகுதி - ஆ

1. பாலியல் கல்வி என்றால் என்ன?
 - அ) பாலியல் பற்றி அறிந்து கொண்டு அதற்கேற்ப ()
மனநிலையை தயார் செய்து கொள்வது
 - ஆ) உடல் வளர்ச்சி சார்ந்த தகவல் ()
 - இ) மனவளர்ச்சி சார்ந்த தகவல் ()
2. பாலியல் நலம் என்றால் என்ன?
 - அ) உடல் நலத்தை மட்டும் சார்ந்தது ()
 - ஆ) ஒரு மனிதனுடைய முழுமையான உடல் நலம், ()
மனநலம், சமூக நலம் பாலியல் நலத்தைச் சார்ந்தது
 - இ) சமூக உறவுகளின் நலத்தை மட்டும் சார்ந்தது ()
3. எவையெல்லாம் வெளிப்புற இனப்பெருக்க உறுப்புகள்?
 - அ) லேபியா மேஜர், லேபியா மினோரா ()
 - ஆ) யோனிக்குழாய் கருப்பை ()
 - இ) கருவகக் குழாய், அண்டகம் ()
4. எவையெல்லாம் உள்புற இனப்பெருக்க உறுப்புகள்?
 - அ) சிறுநீர் இறக்கக்குழாய், பெண்குறி, கருப்பை, ()
யோனித்துளை
 - ஆ) அண்டகம், கருப்பை, யோனிக்குழாய், கருவகக் குழல் ()
 - இ) வயிறு, இடுப்பெலும்பு, பெண்குறி, கன்னிச்சவ்வு ()
5. கருமுட்டை உருவாகுதல் என்றால் என்ன?
 - அ) அண்டம் முதிர்ச்சி அடைதல் ()
 - ஆ) அண்டகத்திலிருந்து அண்டம் வெளிவருதல் ()
 - இ) அண்டமும் விந்துவும் இணைவது ()

6. கருவுறல் என்றால் என்ன?
- அ) விந்துப்பைகள் மற்றும் விந்துவும் இணைவது ()
- ஆ) கருப்பையில் விந்து ஊன்றுதல் ()
- இ) அண்டம் மற்றும் விந்துவும் இணைவது ()
7. மாதவிடாய் என்றால் என்ன?
- அ) கருப்பையிலிருந்து இரத்தப்போக்கு மாதந்தோறும் வெளிவருதல் ()
- ஆ) அண்டகத்திலிருந்து அண்டம் வெளிவருதல் ()
- இ) அண்டம் முதிர்ச்சி அடைதல் ()
8. மாதவிலக்கு சுற்றுவின் சராசரியான காலவரையறை?
- அ) 28 நாட்களுக்கு ஒரு முறை ()
- ஆ) 45 நாட்களுக்கு ஒரு முறை ()
- இ) 60 நாட்களுக்க ஒரு முறை ()
9. மாதவிலக்குக்குரிய சுகாதாரம் என்றால் என்ன?
- அ) ஒரு நாளைக்கு ஒரு முறை நாப்கின்கள் மாற்றுவது ()
- ஆ) சுயசுத்தம் ()
- இ) சுயசுத்தம் மற்றும் நான்கு மணிநேரத்திற்கு ஒரு முறை நாப்கின்கள் மாற்றுவது ()
10. பருவமடைதல் என்றால் என்ன?
- அ) இளமைப்பருவ இனப்பெருக்க உறுப்புகள் முதிர்ச்சி அடைந்து தயார்நிலையில் இருப்பது ()
- ஆ) உடல் வளர்ச்சி அடைவது ()
- இ) இளமைப் பருவத்தின் மனநிலை மாறுவது. ()
11. பெண்களின் கருமுட்டையின் பெயர் என்ன?
- அ) விந்து ()
- ஆ) அண்டம் ()
- இ) ஈஸ்ட்ரோஜன் ()

12. பெண்களின் பாலின ஹார்மோன் எது?

அ) புரோலாக்டின் ()

ஆ) டெஸ்டோஸ்டிரான் ()

இ) ஈஸ்ட்ரோஜன் ()

13. பருவடையும் போது ஏற்படும் உடல்நிலை மாற்றங்கள் யாவை?

அ) மாதவிடாய், வெளிப்புற இனப்பெருக்க உறுப்பில் ()

முடிகள் வளருதல், மார்பகம் பெரிதாகுதல்

ஆ) எடை மற்றும் உயரம் அதிகரித்தல் ()

இ) பசி எடுத்தல் மற்றும் அதிகமாக வியர்த்தல் ()

14. இளமைப் பருவத்தில் ஏற்படும் மனநிலை மாற்றங்கள் யாவை?

அ) பயம், மனச்சோர்வு மற்றும் தூக்கமின்மை ()

ஆ) வாந்தி, வயிற்றுப் போக்கு மற்றும் வயிற்றுக் கோளாறு ()

இ) தலைவலி, காய்ச்சல், முதுகுவலி ()

15. நல்லவிதமான தொடு உணர்வு என்றால் என்ன?

அ) துன்பமிக்க உணர்வு ()

ஆ) ஆறுதலான உணர்வு ()

இ) எரிச்சலான உணர்வு ()

16. தீயவிதமான தொடு உணர்வு என்றால் என்ன?

அ) அன்பான உணர்வு ()

ஆ) ஆர்வமான உணர்வு ()

இ) தவறான உணர்வு ()

17. கீழ்க்கண்டவற்றுள் பாலியல் நோய்கள் யாவை?

அ) சிஃபிலிஸ், எய்ட்ஸ், கொனோரியா ()

ஆ) காசநோய், ஆஸ்துமா, கல்லீரல் அழற்சி ()

இ) சாக்கரை நோய், புற்றுநோய், ருபெல்லா ()

18. எய்ட்ஸ் என்றால் என்ன?

அ) இது ஒரு தொற்றுநோய் கிடையது ஆனால் எதிர்ப்புச் சக்தியை பாதிக்கும் ()

ஆ) இது உடலின் எதிர்ப்பு சக்தியை பாதிக்கும் ஒரு தொற்றுநோய் ()

இ) இது ஒரு தோல் நோய் ()

19. எய்ட்ஸின் நோய்க்காரணி யாவை?

அ) பாக்டீரியா ()

ஆ) வைரஸ் ()

இ) புரோட்டோசோவா ()

20. எச்.ஐ.வி/ எய்ட்ஸ் பரவும் விதம்?

அ) ஒரே ஊசியை பலருக்கும் பயன்படுத்துதல் ()

ஆ) பாதுகாப்பான உடலுறவு மூலம் ()

இ) பாதிக்கப்பட்ட மனிதனுடைய துணியை பயன்படுத்துவதன் மூலம் ()

21. எய்ட்ஸின் முக்கிய அறிகுறிகள் யாவை?

அ) தலைவலி, வயிற்றுவலி, மூட்டுவலி ()

ஆ) காய்ச்சல், தொடர்ந்து இருமல் மற்றும் வயிற்றுப்போக்கு ()

இ) மூக்கில் இரத்தம் வடிதல், கழுத்துவலி, முதுகுவலி. ()

22. எச்.ஐ.வி/எய்ட்ஸ் கிருமி உள்ளதை உறுதி

செய்கின்ற பரிசோதனையின் பெயர் என்ன?

அ) வெஸ்டன் பிளாட் பரிசோதனை ()

ஆ) வி.டி.ஆர்.எல். பரிசோதனை ()

இ) எலைசா பரிசோதனை ()

23. எச்.ஐ.வி/எய்ட்ஸ் உள்ளவர்களுக்கு எவ்வாறு சிகிச்சை

அளிக்கப்படுகிறது?

அ) அறுவை சிகிச்சை மூலம் ()

ஆ) கதிர்வீச்சின் மூலம் ()

இ) வைரஸ் எதிர்ச்சி சிகிச்சை மூலம் ()

24. எச்.ஐ.வி/ எய்ட்ஸ் வருவதை எவ்வாறு தடுக்கலாம்?

அ) பாதுகாப்பான உடலுறவு மூலம் ()

ஆ) தடுப்பூசி மூலம் ()

இ) எச்.ஐ.வி. நோயாளிகளை தனிமைப்படுத்துவதன் மூலம் ()

APPENDIX-D

ITEM SCORE 1- KNOWLEDGE QUESTIONNAIRE

ITEM SCORE	A	B	C
1	1	0	0
2	1	0	0
3	1	0	0
4	0	1	0
5	0	1	0
6	1	0	0
7	1	0	0
8	1	0	0
9	0	0	1
10	1	0	0
11	0	1	0
12	0	0	1
13	1	0	0
14	1	0	0
15	0	1	0
16	0	0	1
17	1	0	0
18	0	1	0
19	0	1	0
20	1	0	0
21	0	1	0
22	1	0	0
23	0	0	1
24	1	0	0

APPENDIX – E
INFORMATION, EDUCATION AND COMMUNICATION PACKAGE ON
REPRODUCTIVE
AND SEXUAL HEALTH

TEACHING MODULE

Name of the Topic	:	Reproductive and sexual health
Group	:	Adolescent girls of 13 – 16 years
Venue	:	Government girls higher secondary School, Karur and Musiri
Time / duration	:	9.00 am – 4.00 pm
Audiovisual Aids	:	Power Point
Methods of Teaching	:	Lecture cum discussion.

General Objectives

The sample (adolescent girls) will be able to gain adequate knowledge regarding reproductive and sexual health, and apply this knowledge in to their day to day life.

Specific objectives

The students will be able to

- define sex education
- define reproductive health
- define sexual health
- determine the aims of reproductive and sexual health
- explain the female reproductive system
- state the purposes of menstrual hygiene
- enlist the psychological changes during puberty
- mention the importance of good touch and bad touch
- describe the STD and HIV/AIDS
- enumerate the prevention of STD and HIV/AIDS

SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	STUDENTS ACTIVITY
Introduce the topic	1 min	INTRODUCTION “We cannot always build the future for our youth but we can build our youth for the future”.		
define sex education	3 min	SEX EDUCATION: DEFINITION: Sex Education is instruction on issue relating to human sexuality, including emotional relations and responsibilities human sexual anatomy, sexual activity, sexual reproduction, age of consent, reproductive health, reproductive rights, safe sex, birth control and sexual abstinence.	Explaining	Listening
define reproductive health	2 min	REPRODUCTIVE HEALTH: DEFINITION: Reproductive health is a state of complete physical, mental and social well being, and not merely the absence of reproductive disease or infirmity. Reproductive health deals with the reproductive process, functions and system at all stages of life.	Explaining	Listening
define sexual health	3 min	SEXUAL HEALTH: DEFINITION: Sexual health is a state of physical mental and social well being in	Explaining	Listening

SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	STUDENTS ACTIVITY
determine the aims of reproductive and sexual health	5 min	<p>relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationship, as well as the possibility of having pleasurable and safe sexual experiences and violence.</p> <p>AIMS:</p> <ul style="list-style-type: none"> • To reduce the risk of unwanted pregnancy. • To reduce infection with sexually transmitted disease. • To enhance the quality of relationship. • To develop young people to make decisions over the life time. 	Explaining	Listening
explain the female reproductive system		<p>REPRODUCTIVE AND SEXUAL HEALTH EDUCATION INCLUDES:</p> <p>I - Female reproductive system.</p> <p>II - Psychological changes during puberty.</p> <p>III - Good touch and bad touch.</p> <p>IV - STD and HIV/AIDS.</p>	Explaining	Listening

SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	STUDENTS ACTIVITY
		<p>Vestibular glands:</p> <p>The vestibular glands are situated one on each side neat the vaginal opening. They secrete mucus that keeps the vulva moist.</p> <p>INTERNAL GENITALIA:</p> <p>The internal organs of the female lie in the pelvic cavity and consist of the vagina uterus, two uterine tubes and two ovaries.</p> <p>Vagina:</p> <p>The vagina is a fibro muscular tube lined with stratified squamous epithelium connecting the external and internal organs of reproduction. It is a passage which allows the menstrual flow and provides on elastic passage way through which the baby passes during child birth.</p> <p>Uterus :</p> <p>The uterus is a hollow muscular pear shaped organ flattened anteropostnesiorly. It lies in the pelvic cavity between the urinary bladder and rectum, it weight from 30 to 40 grams.</p> <p>uterine tubes:</p> <p>The uterine tubes are about 10cm long an extend from the sides of the uterus between the body and funder.</p>	Explaining	Listening

SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	STUDENTS ACTIVITY
		<p>Ovaries:</p> <p>Ovaries are situated on both sides of the uterus. Ovary produced female cell called as ovum. Ovary release one matured ovum 12 – 14 days after menstruation. This process is called ovulation the life span of ovum is for 24 hours.</p> <p>FERTILIZATION:</p> <p>Human fertilization, known as conception is the fusion of the sperm with the secondary Oocyte to form the zygote.</p> <p>MENSTRUATION:</p> <p>Menstruation is the process in women of discharging blood and other material from the lining of the uterus at intervals of about one lunar month from puberty until the menopause, except during pregnancy.</p> <p>MENSTRUAL CYCLE :</p> <p>Menstrual cycle is changes that occur in the female sex organs for about 28 days throughout the reproductive life of women from puberty to menopause is known as the menstrual cycle.</p>	<p>Lecture cum discussion</p> <p>Lecture cum discussion</p>	<p>Listening</p> <p>Listening</p>

SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	STUDENTS ACTIVITY
state the purpose of menstrual hygiene	3 min	<p>It involves three phases.</p> <ol style="list-style-type: none"> 1. Follicular phase 5th day – 14th day. 2. Luteal phase 15th day – 28th day. 3. Menstrual phase 1st day – 5th day. <p>MENSTRUAL HYGIENE:</p> <p>Women and adolescents girls using a clean menstrual material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required.</p> <p>PURPOSE OF MENSTRUAL HYGIENE :</p> <ul style="list-style-type: none"> • Regular change of napkins in a day every four hours • Use of sanitary napkin instead of cotton or cloth. • Never over use soap for intimate areas • Correct washing techniques that are from vagina to anus to avoid bacterial infection and urinary tract infection. 	Lecture cum discussion	Listening
			Explaining	Listening

SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	STUDENTS ACTIVITY
	2 min	<p>enlargement of breast tissue and nipple.</p> <ul style="list-style-type: none"> • Increase in pelvic girth. • Appearance of public hair. • Activity of auxiliary sweat gland. • Appearance of auxiliary hair • Abrupt slowing of gain in height. <p>HORMONAL CHANGES OF PUBERTY :</p> <p>Production and release of gametes production of sperm in the male and maturation and release of ova in the female.</p> <p>Secretion of sex appropriate hormones estrogen and progesterone from the ovaries.</p> <p>PSYCHOLOGICAL PROBLEMS OF ADOLESCENTS:</p> <ul style="list-style-type: none"> • Emotional problems • Anxiety, moodiness • Motivational problems • Lack of interest, negative attitude moral problems. • Feelings of guilt, violence 	Explaining	Listening

SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	STUDENTS ACTIVITY
enlist the importance of good touch and bad touch	5 min	<p>mental health problem.</p> <ul style="list-style-type: none"> Phobia, depression, suicide. <p>III. GOOD TOUCH AND BAD TOUCH:</p> <p>GOOD TOUCH:</p> <p>Good touch is touch that cares for them, that is necessary for their health or safety, or makes them feel safe, or is fun.</p> <p>BAD TOUCH :</p> <p>Bad touch is any touch that they don't want or makes them feel scared or any touch on their genitals or bottom, unless it's necessary for their health.</p> <p>FEELINGS OF GOOD TOUCH:</p> <ul style="list-style-type: none"> Feeling happy Feeling safe Good feelings. <p>FEELINGS OF BAD TOUCH :</p> <ul style="list-style-type: none"> Feeling sad. Feeling frightened Feelings unloved. Feelings unwanted. 	Explaining	Listening
describe the STD and HIV/AIDS		<p>IV STD and HIV /AIDS</p> <p>Sexually transmitted disease is any of various disease or injections that can be transmitted by direct sexual contact including some such as:</p> <ol style="list-style-type: none"> Syphilis. Gonorrhea. 	Explaining	Listening

SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	STUDENTS ACTIVITY
		<p>3. Chlamydia.</p> <p>4. Genital herpes.</p> <p>CAUSES:</p> <p>Bacteria, virus, parasites</p> <p>COMMON STD SYMPTOMS :</p> <p>Vaginal itching, vaginal blister, vaginal rash, burning urination, painful urination pain during intercourse, vaginal discharge.</p> <p>HIV / AIDS:</p> <p>WHAT IS HIV:</p> <p>H – Human</p> <p>I – Immuno deficiency</p> <p>V – Virus</p> <p>Human Immuno deficiency virus is RNA containing virus. It destroys the white blood cells which is responsible for immunity of human body.</p> <p>WHAT IS AIDS:</p> <p>After HIV infection, the immunity power reduces which causes group of diseases called AIDS.</p> <p>CAUSES:</p> <p>AIDS is caused by human immunodeficiency virus – retrovirus.</p> <p>SOURCES OF INFECTION :</p> <p>HIV is present in large amounts in semen vaginal secretions, cerebral spinal fluid and blood of HIV patients.</p>	Explaining	Listening

SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	STUDENTS ACTIVITY
	3 min	<p>MODE OF TRANSMISSION:</p> <ul style="list-style-type: none"> • HIV/AIDS is spread by sexual contact with HIV/AIDS positive individual. Multiple sex partners are more prone for HIV infection • Through use of needles and syringes already used by persons with HIV / AIDS. • It also can spread by transfusion of HIV blood and blood products. • From HIV infected mother to the newborn baby during delivery. <p>HIV IS NOT TRANSMITTED BY :</p> <ul style="list-style-type: none"> • By talking to HIV / AIDS patient. • By shaking hands with AIDS Patient. • By using Toilets of AIDS patient • By sharing caps, glasses, plates (or) clothes and others utensils. • By using telephones. <p>SYMPTOMS :</p> <p>Fever, weight loss, persistent cough more than one month, diarrhea more than one month, enlargement of</p>		

SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	STUDENTS ACTIVITY
enumerate the prevention of HIV/AIDS		<p>lymph nodes, ulcer in mouth.</p> <p>DIAGNOSTIC EVALUATION :</p> <ul style="list-style-type: none"> • Eliza – Enzyme linked immune Sorbent assay used to detect the presence of antibodies to HIV. • Western blot – confirmatory test, usually a western blot is a highly specific test <p>TREATMENT :</p> <ul style="list-style-type: none"> • At present there is no vaccine or cure for treatment of HIV infection or AIDS. • Anti retroviral therapy is not a cure but have proved to be useful in prolonging the life of HIV/AIDS patient. • Zidovudine is the drug of choice. <p>PREVENTION :</p> <ul style="list-style-type: none"> • Avoid premarital sexual contact. • Avoid sharing of infected syringes and needle sharing of razors and tooth brush of HIV/AIDS infected person should be avoided. • The instrument which is used for tattooing should be sterilized before use. 		

SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	STUDENTS ACTIVITY
		<ul style="list-style-type: none"> Blood and Blood products should be screened before transfusion. <p>CONCLUSION:</p> <p>Prevention is better than cure. Sex education is important for every adolescent. Sexual health is complete physical, mental social well being. This awareness is mainly prevention of STD AND HIV/AIDS.</p>		

பகுதி – 5

பாலியல் கல்வி மற்றும் பாலியல் நலம் பற்றி
வரையறுக்கப்பட்ட கற்பிப்புத் திட்டம்

பாடம்	:	பாலியல் கல்வி மற்றும் பாலியல் நலம்
குழு	:	ஒன்பதாம் வகுப்பு பயிலும் மாணவிகள்
நேரம்	:	காலை 9 மணி முதல் மாலை 4 மணி வரை
இடம்	:	அரசு மகளிர் மேல்நிலைப்பள்ளி
கற்பிக்கும் முறை	:	கற்பித்தல் மற்றும் கலந்துரையாடல்
கற்பிக்க உதவரும் உபகரணம்	:	மடி கணினி செயல்பாடு, கையேடு
பொதுவான பொருளுரை		

மாணவிகள் பாலியல் கல்வி மற்றும் பாலியல் நலம் பற்றியும், அதை பராமரிக்கும் முறை பற்றியும் மற்றும் பாலியல் நோய்களை தடுக்கும் முறைகளைப் பற்றிய விவரங்களை அறிந்து கொண்டு, அதை அவர்களுடைய தினசரி வாழ்க்கைகளிலும் கடைப்பிடிப்பார்கள்.

குறிப்பிட்ட பொருளுரை

- பாலியல் கல்வி என்றால் என்ன?
- பாலியல் நலம் என்றால் என்ன?
- பாலியல் நலத்தின் பயன்பாட்டை பற்றி அறிந்து கொள்ளுதல்.
- பெண்களின் இனப்பெருக்க மண்டலத்தை பற்றி அறிந்து கொள்ளுதல்.
- மாதவிடாய் சுகாதாரத்தின் முக்கியத்துவத்தை அறிந்து கொள்ளுதல்.
- பருவமடைத்தலின் போது ஏற்படும் மனநிலை மாற்றங்கள் பற்றி அறிந்து கொள்ளுதல்.
- பாலியல் நோய்கள் மற்றும் எச்.ஐ.வி/எய்ட்ஸ் பற்றி அறிந்து கொள்ளுதல்.
- எச்.ஐ.வி. மற்றும் எய்ட்ஸ் தடுக்கும் முறைகள் பற்றி அறிந்து கொள்ளுதல்.

குறிக்கோள்	நேரம்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு
பாலியல் நலம் என்றால் என்ன?	2 நிமிடம்	பாலியல் நலம்: பாலியல் நலக்கல்வி என்பது இனப்பெருக்க சம்பந்தப்பட்ட நோய்களின்றி உடல், மன ஆரோக்கியத்துடன் இருந்து நல்ல எதிர்கால நோயற்ற சமுதாயத்தை உருவாக்குவதை அடிப்படையாகக் கொண்டது. இது இனப்பெருக்க மண்டல அமைப்புகள் மற்றும் பணிகள் குறித்து விளக்குகிறது.	கணினி மூலம் விளக்கவுரை ர	கலந்துரைய டால் மற்றும் பங்கேற்றல்
பாலியல் நலத்தின் பயன்பாட்டை அறிந்துக் கொள்ளுதல்	3 நிமிடம்	பாலியல் கல்வி நோக்கம்: <ul style="list-style-type: none"> இளம்வயதில் கார்ப்பமாகுதல் மற்றும் தேவையற்ற கர்ப்பம் தரித்தல் - குறைக்கப்படுகிறது. இளம்வயதில் தாய்மையடைவதால் ஏற்படும் உடல் மற்றம் உளவியல் விளைவுகளைப் புரிந்து கொள்ளுதல். எச்.ஐ.வி மற்றும் பாலுறவு மூலம் பரவும் நோய்கள் 	கணினி மூலம் விளக்கவுரை ர	கலந்துரைய டால் மற்றும் பங்கேற்றல்

குறிக்கோள்	நேரம்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு
		<p>பற்றி தெரிந்து கொள்ளுதல்.</p> <ul style="list-style-type: none"> எச்.ஐ.வி மற்றும் பாலுறவு மூலம் பரவும் நோய்களிலிருந்து தன்னைக் காப்பாற்றிக் கொள்ளும் வழிமுறைகளைத் தெரிந்து கொள்ளுதல். எங்கு மற்றும் எப்போது எச்.ஐ.வி பரிசோதனை செய்து கொள்ள வேண்டும் என்று தெரிந்துகொள்ளுதல். சரியான நேரத்தில் சரியான முடிவெடுக்கும் திறனை வளர்த்துக் கொள்ளுதல். இரசகியம் காத்தலின் பொருளையும், முக்கியத்துவத்தையும் புரிந்துகொள்ளுதல். ஆண்களைப்பற்றிப் பெண்களும், பெண்களைப் பற்றி ஆண்களும் அறிந்து தன்னைப் பிறர்நிலையில் வைத்துப் பார்க்கும் திறனைப் பெறுதல். 	<p>கணினி மூலம் விளக்கவுரை</p>	<p>கலந்துரையாடல் மற்றும் பங்கேற்றல்</p>
			<p>கணினி மூலம் விளக்கவுரை</p>	<p>கலந்துரையாடல் மற்றும் பங்கேற்றல்</p>

குறிக்கோள்	நேரம்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு
பெண் இனப்பெருக்க மண்டலத்தை பற்றி அறிந்து கொள்ளுதல்	5 நிமிடம்	<ul style="list-style-type: none"> உடற்கூறுகளைப் பற்றித் தெரிந்து கொள்ளுதல். திருமணத்திற்கு முன் பாலுணர்வுகளுக்கான தீர்வு, உடலுறவைத் தவிர்ப்பது, உணர்வுகளைக் கையாளக் கற்றுக் கொள்வது. நுண்ணுயிர் தொற்று கொண்ட தாய்க்குப் பேறு காலத்திற்கு முன் நெவரப்பின் மருந்தும், குழந்தை பிறந்த பின் எடைக்கேற்பக் குழந்தைக்கு நெவரப்பின் சொட்டு மருந்தும் அளித்துக் குழந்தைக்கு தொற்றுபரவுதைத் தடுத்தல். <p>பெண் இனப்பெருக்க மண்டலம்</p> <p>பெண்களில் இனப்பெருக்க உறுப்புகள் 12-14 வயதில் செயல்பாட்டு நிலைக்கு வருகின்றன.</p> <p>வெளிப்புற அமைப்பு இனப்பெருக்க உறுப்புகள்:</p> <p>அனைத்து வெளிப்புற அமைப்பு</p>	கணினி மூலம் விளக்கவுரை ர	கலந்துரையாடல் மற்றும் பற்கேற்றல்

குறிக்கோள்	நேரம்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு
		<p>இனப்பெருக்க உறுப்புகளுக்கும் சேர்ந்து வல்வா என்று அழைக்கப்படும்.இதில் அடங்கியுள்ள உறுப்பு.</p> <ul style="list-style-type: none"> ➤ லேபியா மேஜாரா ➤ லேபியா மைனோரா ➤ கிளைட்டோரிஸ் ➤ ஹெமன் ➤ வெஸ்டிபுலார் சுரப்பிகள் <p>லேபியா மேஜாரா</p> <p>தோல் மடிப்புகளால் ஆனது. சதைப்பற்றுடன் காணப்படும். வல்வா பகுதியின் எல்லையாகவும் அமைந்துள்ளது. முதிரிந்த பெண்களில் இப்பகுதியில் உரோம வளர்ச்சி காணப்படும்.</p> <p>லேபியா மேஜாரா</p> <p>லேபியா மேஜாராவுக்கு இடையில் அமைந்துள்ள இரு தோல் மடிப்புகளாகும். இதில் எண்ணற்ற செபேசியஸ் சுரப்பிகள் காணப்படுகின்றன.</p> <p>கிளைட்டோரிஸ்</p> <p>இது ஆண் இனப்பெருக்க உறுப்பிற்குச் சமமான உறுப்பாகும்.</p>	<p>கணினி மூலம் விளக்கவுை ர</p>	<p>கலந்துரைய ாடல் மற்றும் பற்கேற்றல</p>

குறிக்கோள்	நேரம்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு
		<p>இப்பகுதியில் உணர்வு நரம்புகளின் முடிவுப் பகுதிகளும், விறைப்புத் தன்மையுடைய திசுக்களையும் கொண்டது. ஆனால் இது இனப்பெருக்க அளவில் முக்கியத்தும் பெற்றிருக்க வில்லை.</p> <p>ஹைமன்</p> <p>இது மெல்லிய கோழைப்படலமாகும்.</p> <p>வெஸ்டியூலார் சுரப்பிகள்</p> <p>வெஜனல் திறப்பிற்கு இருபுறமும், பக்கத்திற்கு ஒன்றாக அமைந்துள்ளன.</p> <p>உள்புறஅமைப்பு இனப்பெருக்க உறுப்புகள்</p> <p>இவை அனைத்தும் இடுப்பு எலும்புக் குழியினுள் அமைந்துள்ளன.</p> <p>அவையாவன,</p> <ol style="list-style-type: none"> 1. இரண்டு அண்டகங்கள் 2. ஒரு ஜோடி அண்ட நாளங்கள் (பெலோப்பியன் குழாய்கள்) 3. கருப்பை 4. யோனிக்குழாய் 	<p>கணினி</p> <p>மூலம்</p> <p>விளக்கவுரை</p> <p>ர</p> <p>கணினி</p> <p>மூலம்</p> <p>விளக்கவுரை</p> <p>ர</p>	<p>கலந்துரையாடல்</p> <p>மற்றும் பற்கேற்றல</p> <p>கலந்துரையாடல்</p> <p>மற்றும்</p>

குறிக்கோள்	நேரம்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு
		<p>அண்டகங்கள்</p> <p>இது சிறுநீரகங்களுக்குப் பின் புறமாகவும், முதுகெலும்புத் தொடருக்கு இறபுறமும் பக்கத்திற்கு ஒன்றாக அமைந்துள்ளன. இவை பெண் இனச் செல்லான அண்டத்தை (முட்டை) உற்பத்தி செய்கிறது. மாதவிடாய் சுழற்சியின் 12 – 14 நாட்களில் ஒரு முதிர்ந்த அண்டமானது அண்டகத்திலிருந்து வெளிப்படுகிறது. இதற்கு அண்டம் வெளிப்படுதல் என்று பெயர். ஒரு அண்டகத்தின் (முட்டை)வாழ்நாள் காலம் 24 மணி நேரமாகும்.</p> <p>அண்ட நாளங்கள்</p> <p>அண்ட நாளத்தின் ஒரு முனை புனால் வடிவில் அமைந்து அண்டகத்தின் அருகே திறந்துள்ளது. இது பிம்பிரியாக்கள் மூலம் அண்டத்துடன் இணைத்துள்ளது.</p> <p>இது அண்டகத்தையும், கருப்பையின் ∴பண்டஸ் பகுதியையும் இணைக்கிறது. இவை</p>	<p>கணினி</p> <p>மூலம்</p> <p>விளக்கவுரை</p> <p>ர</p>	<p>பற்கேற்றல</p> <p>கலந்துரையாடல் மற்றும் பற்கேற்றல</p>

குறிக்கோள்	நேரம்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு
		<p>சுமார் 10 செ.மீ நீளமுடையவை.</p> <p>கருப்பை</p> <p>இது மேற்புறம் அகன்றும் அடிப்பகுதி குறுகியும் உடைய குழிவான பகுதி ஆகும். இது தசைகளால் ஆனது. மேற்பகுதி ∴பன்டஸ் (உடற்பகுதி) என்றும் கீழ்ப்பகுதி சர்விக்ஸ் என்றும் அழைக்கப்படுகிறது. கருப்பையின் மேற்பகுதியில் கருப்பை நாளங்கள் திறக்கின்றன. சர்விக்ஸ் பகுதி யோனிக் குழாய் திறக்கின்றது. கருப்பையின் உட்கவருக்கு என்டோமெட்ரியம் என்று பெயர். இப்பகுதியில் எபித்தீலிய செல்கள் மற்றும் குழல் வடிவ சுருண்ட சுரப்பிகள் நிறைந்தள்ளன. இப்பகுதியில் பல்வேறு சுழற்சி முறைகள் மாதவிடாய் சுழற்சியின் போது நிகழ்கின்றன.</p> <p>கருப்பை சிறுநீர்ப்பைக்கும், மலக்குடலுக்கும் இடையே அமைந்துள்ளது. இதன் எடை 30கிராம் -40கிராம் ஆகும்.</p>	<p>கணினி</p> <p>மூலம்</p> <p>விளக்கவுரை</p> <p>ர</p>	<p>கலந்துரையாடல் மற்றும் பற்கேற்றல</p>

குறிக்கோள்	நேரம்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு
		<p>யோனிக்குழாய்</p> <p>கருப்பையின் சர்விக்ஸ் பகுதி (கீழ்ப்பகுதி) (கருப்பை வாய்ப்பகுதி) திறக்கின்றது. இத தசைகளாசலான 7.5சென்ட்மீட்டர் நீளமுடைய குழல் போன்ற பகுதி ஆகும். இது பிறப்புறுப்புப் பகுதி ஆகும். மாதவிடாய்த்திரம் வெளியேறும் பகுதியாகவும் உள்ளது.</p> <p>இதன் கிளைக்கோஜனை வெணைனா பகுதியிலிருக்கும் சில பாக்டீரியாக்கள் லேக்டிக் அமிலமாக மாற்றுவதால் வெணைனல் பகுதி அமிலத் தன்மை வாய்ந்ததாக உள்ளது.</p> <p>கருவுறுதல்</p> <p>இது கருப்பை நாளத்தில் நடைபெறுகிறது. ஆண் இனச் செல்லும், பெண் இனச் செல்லும் இணைந்து சைகோட் (கருமுட்டை) உருவாகும் நிகழ்ச்சிக்குக் கருவுறுதல் என்று பெயர்.</p> <p>மாதவிடாய் சுழற்சி</p> <p>இது 28-30 நாட்கள் கொண்ட</p>	<p>கணினி</p> <p>மூலம்</p> <p>விளக்கவுரை</p> <p>ர</p>	<p>கலந்துரையாடல்</p> <p>மற்றும் பற்கேற்றல</p>
		<p>இது கருப்பை நாளத்தில் நடைபெறுகிறது. ஆண் இனச் செல்லும், பெண் இனச் செல்லும் இணைந்து சைகோட் (கருமுட்டை) உருவாகும் நிகழ்ச்சிக்குக் கருவுறுதல் என்று பெயர்.</p> <p>மாதவிடாய் சுழற்சி</p> <p>இது 28-30 நாட்கள் கொண்ட</p>	<p>கணினி</p> <p>மூலம்</p> <p>விளக்கவுரை</p> <p>ர</p>	<p>கலந்துரையாடல்</p> <p>மற்றும் பற்கேற்றல</p>

குறிக்கோள்	நேரம்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு
	3 நிமிடம்	<p>சுழற்சி முறை, சுழற்சியின் இறுதியில் வெஜைனா வழியாக கருப்பையின் உட்கவர் பகுதி உரிவதால் ஏற்படும் இரத்தம், மியூகஸ் மற்றும் செல் கழிவுகள் ஆகியவை வெளியேற்றப்படுகின்றன. இச்சுழற்சி பியூட்டி (இனப்பெருக்கச் சுழற்சி – தொடக்கம்) முதல் மெனோபாஸ் (மாதவிடாய் சுழற்சி – நிறுத்தம்) நிலைவரை கர்ப்ப காலங்கள் நீங்கலாகத் தொடர்ந்து இறுதி நிலை நடைபெறும்.</p> <p>இது மூன்று நிலைகளை உடையது.</p> <ol style="list-style-type: none"> 1. ∴பாலிக்குலார் நிலை (5^{வா} - 14^{வா} நாட்கள்) 2. லியூட்டியல் நிலை (15^{வா} - 28^{வா} நாட்கள்) 3. மென்ஸ்ட்ருவல் நிலை (1^{ளவ} - 5^{வா} நாட்கள்) 	<p>கணினி மூலம் விளக்கவுரை</p>	<p>கலந்துரையாடல் மற்றும் பற்கேற்றல</p>
	5 நிமிடம்	<p>1. ∴பாலிக்குலார் நிலை</p> <p>இந்நிலையில் பிட்யூட்டரி சுரப்பியிலிருந்து சுரக்கப்படும் (பாலிக்கிள் செல்களைத் தூண்டும் ஹார்மோன்) மூலம் அண்ட</p>		

குறிக்கோள்	நேரம்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு
		<p>∴பாலிக்கின் செல்கள் வளர்ச்சியடைகின்றன. இச்செல்கள் அதிக ஈஜ்ட்ரோஜனையும் குறைந்த அளவு புரோஜஸ்டிரானையும் சுரக்கின்றன. மாதவிடாய் சுழற்சியின் 14 ஆம் நாளில் அண்ட செல் முதிர்ச்சி அமைகிறது.</p> <p>2.லியூட்டியல் நிலை</p> <p>பியூட்டரி சுரப்பியின் (லூட்டினைசிங் ஹார்மோன்) மூலம் கிராஃபியன் ∴பாலிக்கின் (முதிர்ந்த அண்டம்) உடைப்பட்டு அண்ட செல் (முட்டை) அண்டகத்திலிருந்து வெளியேற்றம் பெறுகிறது அண்ட செல் வெளியேறிய பின் உடைந்த ∴பாலிக்கிள் செல்களின் கூட்டமைப்பிற்குக் கார்ப்பஸ் லியூட்டியம் என்று பெயர். இது அதிக அளவில் புரோஜஸ்டிரான்சை சுரக்கின்றது. இது கருப்பையின் உட்கவர் அண்ட செல்லைப் பதிந்து பாதுகாக்க உதவுகிறது. இது மாதவிடாய் நிலையைக் கர்ப காலத்தில் நிகழவிட வண்ணம்</p>	<p>கணினி மூலம் விளக்கவுரை</p> <p>ர</p> <p>கணினி மூலம் விளக்கவுரை</p>	<p>கலந்துரையாடல் மற்றும் பற்கேற்றல</p> <p>கலந்துரையாடல்</p>

குறிக்கோள்	நேரம்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு
மாதவிடாய் சுகாதராத்தின் முக்கியத்துவத் தை பற்றி அறிந்து கொள்ளுதல்	5 நிமிடம்	<p>செய்கிறது. கருப்பை சுருங்குவதைத் தடுக்கிறது. கருவுறுதல் நிகழவில்லை எனில் கார்ப்பஸ்லியூட்டியம் அழிக்கப்படுகிறது.</p> <p>3. மென்ஸ்ட்ருவல் நிலை</p> <p>ஈஸ்ட்ரோஜன் மற்றும் புரோஜஸ்டிரான் அளவு குறைந்தவுடன் கருப்பையின் உட்சுவரின் மேற்பரப்பு உரிக்கப்படுவதால் இரத்தக் கசிவு வெளிப்படுகிறது. இந்நிகழ்வில் கருவுறா அண்ட செல்லும் வெளியேற்றம் பெறுகிறது. இந்நிலையின் இறுதியில் கார்ப்பஸ் லியூட்டியம் ஒரு வடுவாக (தழும்பு) மாறி கார்ப்பஸ் அல்பிகனஸ் என்ற அமைப்பாக மாறுகிறது.</p> <p>மாதவிடாய் சுகாதராத்தை கடைபிடிக்கும் முறைகள்:</p> <ul style="list-style-type: none"> மாதவிடாய் சுழற்சியில் மாதவிடாய் நிலையில் உள்ள பெண்கள் சுத்தமான முறைகளைக் 	<p>ர</p> <p>கணினி மூலம் விளக்கவுரை ர</p>	<p>மற்றும் பற்கேற்றல்</p> <p>கலந்துரைய ாடல் மற்றும் பற்கேற்றல்</p>

குறிக்கோள்	நேரம்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு
		<p>கடைபிடிக்க வேண்டும்.</p> <ul style="list-style-type: none"> பயன்படுத்தப்படும் நாப்கின் மற்றும் இதர பொருட்கள் சுத்தமாக இருக்க வேண்டும். நான்கு மணிநேரத்திற்கு ஒரு முறைப் புதிதாக மாற்றுதல் வேண்டும். பிறகு சோப்பு மற்றும் நீரால் கைகளைக் கழுவ வேண்டும். உள்ளார்ந்த பகுதியில் எப்போதும் சோப்பு நீர் மூலம் சுத்தம் செய்யக்கூடாது. வெஜைனா முதல் ஏனஸ் வரை உள்ள பகுதிகள் அவ்வப்போது சுத்தம் செய்து சுகாதாரமான முறையைப் பேணுவதன் மூலம் பாக்டீரியா தொற்று மற்றும் சிறுநீர்ப் பாதைத் தொற்றுகளிலிருந்து நாம் 	<p>கணினி மூலம் விளக்கவுை ர</p>	<p>கலந்துரைய டால் மற்றும் பற்கேற்றல</p>
			<p>கணினி மூலம்</p>	<p>கலந்துரைய</p>

குறிக்கோள்	நேரம்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு
பருவமடைதலின் போது ஏற்படும் உடல் மற்றும் மனநிலை மாற்றங்கள் பற்றி அறிந்துக் கொள்ளுதல்		<p>நம்மைப் பாதுகாத்துக் கொள்ளலாம்.</p> <p>உடல் செயல் மாற்றங்கள்</p> <p>உடலளவிலும், மனதளவிலும் பல மாறுதல்கள் நிறைந்த பருவமாகும். மனித வளர்ச்சியின் பெரும் மாற்றங்கள் அனைத்தும் இப்பருவத்தில் நிகழ்ந்து முடிந்துவிடுகின்றன.</p> <p>இது</p> <ol style="list-style-type: none"> 1. பருவநிலைக்கு முந்தைய காலம் (10-12 வயது) 2. பருவ நிலைக்கு காலம் (12-14 வயது) 3. பருவ நிலைக்குப் பிந்தைய காலம் (14-18 வயது) என மூன்று பிரிவுகளை உடையது. <p>பருவ நிலைக்கு முந்தைய நிலையில் அதிக உடல் வளர்ச்சி மற்றும் பெண்களில் இரண்டாம் நிலைப் பால் பண்புகள் வளர்ச்சி காணப்படும். பெண் - மார்பக வளர்ச்சி.</p> <p>பருவமடைதல்:</p>	<p>விளக்கவுரை</p> <p>ர</p> <p>கணினி மூலம் விளக்கவுரை</p> <p>ர</p>	<p>ரூடல்</p> <p>மற்றும் பற்கேற்றல்</p> <p>கலந்துரைய ரூடல் மற்றும் பற்கேற்றல்</p>

குறிக்கோள்	நேரம்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு
		<p>இது இனப்பெருக்கச் சுழற்சியின் ஆரம்ப நிலை ஆகும். இந்நிலையில் ஆண் மற்றும் பெண் இனப்பெருக்க உறுப்புகள் (விந்தங்கள் அண்டகங்கள்) இனச்செல்கள் உற்பத்தியைத் துவக்குகின்றன.</p> <ul style="list-style-type: none"> இந்நிலையில் பெண்களின் உடல் எடையும், உயரமும் கூடும். மார்பக வளர்ச்சி காணப்படும். வியர்வைச் சுரப்பிகளின் செயல்பாடு அதிகரிக்கும். உடல் அந்தங்கப் பகுதியில் உரோம வளர்ச்சி ஏற்படும். இடுப்புப் பகுதியின் சுற்றளவு அதிகரிக்கும். மாதவிடாய் சுழற்சி ஆரம்பமாகும். <p>பியூபர்ட்டி நிலையில் ஹார்மோன்கள் செயல்பாடு</p> <p>முதிரிந்த அண்டத்தைச் சுற்றியுள்ள .:பாலிக்குலார் செல்கள் ஈஸ்ட்ரோஜன் ஹார்மோனைச் சுரக்கின்றன. இதுவே பெண்களின்</p>	<p>கணினி மூலம் விளக்கவுரை</p>	<p>கலந்துரையாடல் மற்றும் பற்கேற்றல்</p>
	5 நிமிடம்			

குறிக்கோள்	நேரம்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு
		<p>இரண்டாம் நிலைப் பால்பண்புகள் வளர்ச்சிக்குக் காரணமாகும்.</p> <p>பாலிக்கிள் செல்கள் உடைபட்டு அண்டம் வெளியேறிய பின் உள்ள பாலிக்கிள் செல்கள் அமைப்பிற்குக் கார்ப்பஸ் லூட்டியம் என்று பெயர் அது புரோஜஸ்டிரான் என்ற ஹார்மோனைச் சுரக்கின்றது. இது கர்ப்ப காலத்தைப் பேணும் ஹார்மோனாகும்.</p> <p>உளவியல் ரீதியான மாற்றங்கள்.</p> <ul style="list-style-type: none"> • உணர்ச்சிவசப்பட்ட பிரச்சனைகள். • கவலை துயர் நிலை • ஆர்வமின்மை மற்றும் எதிர்மறை எண்ணங்கள். • வன்முறை எண்ணங்கள் • குற்ற உணர்வு • பயம் • மன அழுத்தம். • தற்கொலை எண்ணங்கள். <p>மேற்கண்ட நிலையில் உள்ளவர்களுக்கு தகுந்த</p>		

குறிக்கோள்	நேரம்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு
		<p>பாதுகாப்புகள் வழங்குவதோடு, அவர்கள் உடல் நலனைப் பாதுகாப்பது குறித்த அறிவுரைகளும் வழங்கப்பட வேண்டும். அப்பொழுதுதான் அவர்கள் மகிழ்ச்சியாக இருப்பதோடு பாதுகாப்பாக இருப்பதையும் உணர்வார்கள்.</p> <p>பாலியல் நோய்கள்</p> <ol style="list-style-type: none"> 1. சி.:பிலிஸ் 2. கொனேரியா 3. கிளாமிடியா 4. ஜெனிட்டல் ஹெர்ப்பஸ். <p>இவைகளுக்குக் காரணம் பாக்டீரியாக்கள், வைரஸ்கள் மற்றும் சில ஒட்டுண்ணிகளாகும்.</p> <p>அறிகுறிகள்</p> <ul style="list-style-type: none"> • பிறப்புறுப்புப் பகுதிகளில் அரிப்பு. • பிறப்புறுப்புப் பகுதிகளில் கொப்புளங்கள். • சிறுநீர்க் கழிப்பின் போது எரிச்சல் • வலியுடன் கூடிய சிறுநீர்ப் 		

குறிக்கோள்	நேரம்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு
பாலியல் நோய்கள் மற்றும் எச்.ஐ.வி. ஃ.எய்ட்ஸ் பற்றி அறிந்து கொள்ளுதல்		<p>போக்கு</p> <ul style="list-style-type: none"> • உடலுறவின் போது வலி ஏற்படுதல். • பிறப்பிறப்பின் வழியே திரவம் வெளிப்படுதல். <p>எய்ட்ஸ்</p> <p>பெறப்பட்ட நோய் எதிர்ப்பாற்றல் குறைவு நோய் என்று தமிழில் அழைக்கப்படுகிறது. இதற்குக் காரணமான வைரஸ் எச்.ஐ.வி ஆகும். இது தன்னுள் ஆர்.என்.ஏ ஐ மரப்பொருளாகக் கொண்டுள்ளது. எச்.ஐ.வி ஆல் பாதிக்கப்பட்ட மனித உடலில் எச்.ஐ.வி ஆனது விந்த திரவம், வெஜைனல் சுரப்புகள், மூளைத் தண்டுவடத் திரவம், இரத்தம், கருவைச் சுற்றியுள்ள ஆம்னியாட்டிக் திரவம், பெரிகார்டியல் திரவம், போன்றவற்றில் அதிகமாகக் காணப்படுகிறது.</p> <p>எய்ட்ஸ் நோய் பரவும் விதம்</p>		

குறிக்கோள்	நேரம்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு
		<p>❖ எய்ட்ஸ் நோய் தொற்று இருப்பவர்களிடம் பாலியல் தொடர்பு கொள்ளுதல் மூலம்.</p> <p>❖ ஒருவர் பலருடன் பாலியல் தொடர்பு வைத்திருத்தல்,</p> <p>❖ எச்.ஐ.வி தொற்று உடையவர்கள் பயன்படுத்திய ஊசிகள் விசைப்பீற்று மருந்து ஊசிகளைப் பயன்படுத்துதல்.</p> <p>❖ முறையாகப் பரிசோதனை செய்யப்படாதே இரத்தம் மற்றும் இரத்தப்பொருள்களைப் பிறருக்குச் செலுத்துதல்.</p> <p>❖ குழந்தைப் பிறப்பின் போது எச்.ஐ.வி. தொற்றுள்ள தாயிடமிருந்து குழந்தைக்குத் தொற்ற வாய்ப்புள்ளது.</p> <p>அதே வேளையில் எய்ட்ஸ்நோய் உடையவர்களிடம் பேசுவதன் மூலமாகவும், கைகுலுக்குள் மூலமாகவும்</p>		

குறிக்கோள்	நேரம்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு
		<p>மற்றவர்களுக்குப் பரவாது.</p> <p>எச்.ஐ.வி. தொற்றுள்ளவர்கள் பயன்படுத்திய கழிப்பறையைப் பயன்படுத்துவதாலும் பரவாது.</p> <p>எச்.ஐ.வி. தொற்று உடையவர்களுடைய துணிகள் தட்டு, டம்பளர்களைப் பயன்படுத்துவதாலும் பரவாது.</p> <p>எய்ட்ஸ் நோய் அறிகுறிகள்</p> <ul style="list-style-type: none"> • ஒரு மாதத்திற்கும் மேற்பட்ட காய்ச்சல். • ஒரு மாதத்திற்கும் மேற்பட்ட வயிற்றுக் போக்கு • திடீரென 10°C க்கும் அதிகமான எடை குறைவு • ஒரு மாதத்திற்கும் மேலான நீடித்த இருமல். • நிணநீர் முடிச்சுகள் வீச்சமடைதல். • வாய்ப்புண்கள். • மார்பில் கரு நீல நிறக் கொப்புளங்கள் (கப்போசி சார்க்கேமா) 		

குறிக்கோள்	நேரம்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு
எச்.ஐ.வி. மற்றும் எய்ட்ஸ் கட்டுப்பாடு மற்றும் தடுக்கும் முறைகள் பற்றி அறிந்து கொள்ளுதல்		<ul style="list-style-type: none"> வாயில் கேன்டிடையாசிஸ் பூஞ்சைத் தொற்று. <p>எய்ட்நோய் - கண்டறியும் முறைகள் எலைசா சோதனை:</p> <p>இது உடலில் எச்.ஐ.வி.க்கு எதிரான ஆண்டிபாடிகள் உள்ளனவா எனக் கண்டறியப்படுகிறது.</p> <p>வெஸ்டர்ன் பிளாட் சோதனை</p> <p>இது எச்.ஐ.வி. தொற்று இருப்பதை உறுதிப்படுத்தும் சோதனை ஆகும். இதுவும் எச்.ஐ.வி. க்கு எதிரான ஆண்டிபாடியைக் கண்டறியப்படுகிறது.</p> <ul style="list-style-type: none"> இது வரை எய்ட்ஸ் நோய்க்குத் தடுப்பூசி மருந்து கண்டறியப்படவில்லை. “வருமுன் காத்தல்” என்பதே சிறந்த தீர்வாகும். தற்சமயம் உள்ள சிகிச்சை முறைகள் மூலம் எய்ட்ஸ் நோயைக் குணப்படுத்த இயலாது. முாறாக எய்ட்ஸ் 		

குறிக்கோள்	நேரம்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு
		<p>நோய் உள்ளவர்களின் வாழ்நாள் அளவைச் சற்று உயர்த்தவே பயன்படுகிறது.</p> <ul style="list-style-type: none"> எய்ட்ஸ் நோய் உடையவர்களுக்கு என்ற அசிடோதைமிடின், ஜிடோவுடின் மற்றும் சைக்ளோவிர் போன்ற மருந்துகள் எளிதில் கிடைக்கும் படிச் செய்ய வேண்டும். <p>எச்.ஐ.வி. மற்றும் எய்ட்ஸ் நோய் கட்டுப்பாடு மற்றும் தடுக்கும் முறைகள்:</p> <ul style="list-style-type: none"> ஒருவர் பலருடன் பாலியல் தொடர்பு வைத்தல் கூடாது. ஒருவனுக்கு ஒருத்தி என்ற நிலைப்பாட்டிலிருந்து மாறக்கூடாது. முறையானப் பரிசோதனைகளுக்குப் பிறகே ஒருவரிடமிருந்து மற்றொருவருக்கு இரத்தம் 		

குறிக்கோள்	நேரம்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு
		<p>செலுத்தப்பட செய்யப்பட வேண்டும்.</p> <ul style="list-style-type: none"> பச்சை குத்திக் கொள்ளுவதை தவிரக வேண்டும். எச்.ஐ.வி தொற்று கொண்வர்கள் பயன்படுத்திய ஊசிகளைப் பயன்படுத்தக் கூடாது. எச்.ஐ.வி. தொற்று உடையவர்கள் பயன்படுத்திய பிளேடுகள் மற்றும் பல் தேய்கும் பிரஷ்களைப் பயன்படுத்தக் கூடாது. <p>முடிவுரை:</p> <p>வரும் முன் காப்பது நல்லது.</p> <p>பாலியல் கல்வி மற்றும் பாலியல் நலம் பற்றி தெரிந்து கொள்ளுவது மிகவும் அவசியம்.</p> <p>இது நமது உடல் மற்றும் மன</p>		

குறிக்கோள்	நேரம்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு
		<p>நலத்திற்காகவும் மற்றும் பாலியல் நோய்களைத் தடுப்பதற்காகவும் தெரிந்து கொள்வது மிகவும் அவசியம். மற்றும் விழிப்புணர்வுடனும், சுகாதாரத்தை மேற்கொண்டு உடல் நலத்துடனும், மன நலத்துடனும் இருக்க வேண்டும்.</p>		